

COPY:ec

TO : Director, FBI

DATE: 10/16/51

FROM : SAC, Pittsburgh

~~CONFIDENTIAL~~

SUBJECT: SUPERVISORY ASSIGNMENTS
PITTSBURGH DIVISION

Relet from this office to Bureau 8/7/51 and Bulet to this office dated 8/31/51 wherein the Bureau advised that the Bureau was approving the continuation of Supervisory Desk #3 in the Pittsburgh Office to handle American Legion contacts, confidential plant informants, and Selective Service and Desert-er cases. In the same letter the Bureau did not approve the designation of SA's JOHN J. CONEYS, DEAN M. HOWEN, and FRANK T. BROCKETT for supervisory positions in the Pittsburgh Office in view of the comparative inexperience of these Agents.

I have been assigned to the Pittsburgh Office since September 20, 1951, and have given continued thought to the problem of recommending Agents to handle supervisory positions in this office, and it has been difficult for me during the short period of time I have been here to reach a good sound conclusion as to which Agents should be designated to handle the supervisory positions now open. However, since September 20, 1951, I have reviewed the personnel files of all Agents assigned to the Pittsburgh Office who have had three years service or more as an Agent, and I am tabulating for the Bureau's consideration the list of the Agents assigned to headquarters city and those Agents who are either headquartered or assigned at Resident Agencies at various locations in Western Pennsylvania and the State of West Virginia. The list of these Agents is set out hereinafter reflecting their Entry on Duty dates:

AGENTS ASSIGNED TO HEADQUARTERS CITY

<u>Name of Agent</u>	<u>EOD DATE</u>
Anthony, John D.	3/22/43
Beck, Roy M.	Exact date not known
Brockett, Frank T.	4/19/48
Brooks, John M.	3/23/42
Condon, Joseph F.	1/20/47
Cotter, Richard D.	4/19/48
Doody, Thomas J.	7/13/42
Fischer, Donald G.	8/9/45
Howen, Dean M.	9/22/47
Hughes, John S.	10/13/47
Madvay, J. Edward	10/20/47
Marszalek, Joseph R.	3/31/47
McCallum, Robert G.	1/20/47
Meyerjack, Howard S.	3/3/47
Mitchell, John R.	10/20/47
Mooney, James T.	11/18/40

FH:LBY
67-248

14 DEC 6 1951

ORIGINAL FILED 67-489-152

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Mill, John P., Jr.	3/31/47
Nelson, Lloyd H.	4/14/47
O'Neill, Joseph J.	10/19/42
Page, John M.	6/9/47
Portella, John S.	9/8/42
Rose, Eli J.	5/23/34
Rowe, William J.	11/30/42
Rozamus, Michael J.	11/3/47
Treviranus, C. Leonard	10/6/47
Wachholz, Edward H.	3/17/47
Wick, Robert H.	2/3/47
Wilkinson, Thomas T.	1/14/43
Williams, Charles L., Jr.	4/8/47

AGENTS ASSIGNED TO RESIDENT AGENCIES

<u>Name of Agent</u>	<u>Resident Agency</u>	<u>EOD DATE</u>
Airhart, Chester E.	Parkersburg, W. Va.	3/17/41
Allen, Thomas C.	Beckley, W. Va.	1/21/41
Butler, A. Bates	New Castle, Pa.	9/21/42
Cashdollar, Bernard W.	Beaver, Pa.	6/1/42
Cook, Robert A.	Washington, Pa.	10/6/47
Fleming, Edward R., Jr.	Fairmont, W. Va.	8/8/46
Hunter, Oliver H., II	Erie, Pa.	9/22/47
Kern, J. Edward	Johnston, Pa.	7/27/42
Kinnane, James V.	Erie, Pa.	7/21/47
Kubasta, William J.	Martinsburg, W. Va.	4/19/48
Lehtinen, Oliver W.	Uniontown, Pa.	3/18/46
Lytton, Gwyn B.	Huntington, W. Va.	8/11/47
Macys, Broni S.	Wheeling, W. Va.	12/9/46
Maupin, Warner G.	Wheeling, W. Va.	5/15/39
Moore, Kenneth C.	Clarksburg, W. Va.	4/7/41
Myers, William J.	Indiana, Pa.	6/15/42
Patterson, George A.	Beckley, W. Va.	1/5/48
Reger, Roy W.	Huntington, W. Va.	10/20/41
Sherwood, Carl L.	Johnstown, Pa.	1/19/48
Simonini, Constant L.	New Castle, Pa.	1/5/48
Studebaker, Gene H.	Bluefield, W. Va.	5/5/41
Thompson, Arthur N.	Charleston, W. Va.	3/3/47
Thompson, Lawrence E.	Morgantown, W. Va.	11/10/41
Walsh, Thomas P.	Erie, Pa.	2/17/47
Woodruff, John B.	Charleston, W. Va.	3/9/42

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PITTSBURGH DIVISION

To give the Bureau a picture of the pending work on each of the desks in the Pittsburgh Office at the present time, aside from the work handled by the SAC, I am setting forth hereinafter the information in regard to these desks showing the total case load on each:

ASAC DESK

The ASAC generally handles the supervision of security type cases and, in addition, handles many administrative duties and is engaged about one full day each week in assisting the SAC in interviewing Special Agent applicants. As of the first of the current month, there were 614 cases pending on the desk of the ASAC, many of which are highly important security type cases.

DESK #1

SA(A) THOMAS J. DOODY has been approved as the full time supervisor for work handled from this desk. The cases consist for the most part of general criminal matters and as of October 1, 1951, there were a total of 599 cases pending on this desk.

DESK #2

SA JAMES T. MOONEY has been approved as the full time supervisor for the work supervised from this desk. The cases handled from Desk #2 consist of all applicant type cases. As of October 1, 1951, there were 384 cases pending on this desk but during the current month the volume probably will be much higher.

DESK #3

Although approved as an independent desk in the Pittsburgh Office, there has not as yet been approved a full time supervisor for the work handled from this desk. Under the supervision of the supervisor of Desk #3 comes Selective Services cases, Deserter type cases and the American Legion contact program as well as the confidential plant informant program. As of October 1, 1951, there were a total of 776 cases pending on this desk.

In regard to the work handled on the desk of the ASAC, I have noted during the time that I have been here that the work on this desk has been exceedingly heavy and has required a tremendous amount of overtime on the part of the ASAC to handle. A large number of the cases, as pointed out previously, are extremely important and reports prepared from this desk require meticulous

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review. I definitely feel that the work on this desk at the present time requires a full time assistant supervisor to aid the ASAC in supervising the work. The following Special Agents have been previously approved as relief supervisors to handle work on this desk: THOMAS T. WILKINSON, RICHARD D. COTTER, JOSEPH F. CONDON, and LLOYD H. NELSON.

As will be seen from a list of Agents set forth previously, SA THOMAS T. WILKINSON has had by far the longest experience in the Bureau, having entered on duty as an Agent on January 4, 1943. He has impressed me as having an extremely keen interest in the proper development of security type cases. He has a well rounded knowledge in this field and he has demonstrated ability in supervising work of this nature. He is meticulous, pays attention to details and has an exceptionally good attitude. There are 30 Agents assigned to this squad in the headquarters city and, in addition, various Resident Agents handle security type cases. Bureau authority is requested to utilize the services of SA WILKINSON on a full time basis as assistant supervisor on this desk with the understanding that should the work decrease that he will be used only in those instances where his services will be necessary in this capacity. The services of SA's COTTER, CONDON, and NELSON will continue to be used in a relief supervisory capacity when their services are needed per previous Bureau advice.

SA(A) THOMAS J. DOODY has been approved by the Bureau as a full time supervisor on Desk #1 but due to the tremendous volume of accounting work in this office, SA(A) DOODY has been working exclusively on highly important accounting cases and the supervision of the work on this desk for sometime prior to my arrival in the Pittsburgh Office as SAC and since, has been supervised by approved relief supervisor ROBERT G. McCALLUM who entered on duty in the Bureau on January 20, 1947. As soon as the condition of the work presently assigned to SA(A) DOODY permits, he will be returned to his duties as full time supervisor of Desk #1, or a further recommendation will be made to designate SA ROBERT G. McCALLUM as full time supervisor on this desk. I have observed the work of SA McCALLUM and find that he has been extremely interested in increasing statistical accomplishments throughout the division; he has demonstrated an unusual interest in encouraging the additional development of confidential informants and that he has done a very satisfactory job as acting supervisor on this desk in the absence of SA(A) DOODY. Although having entered on duty in the Bureau on January 20, 1947, I feel that SA McCALLUM has rapidly gained a good understanding of Bureau policy, that he is careful to protect the Bureau's interest, is patient with new personnel and is always willing to assist in properly advising Agents assigned to the squad which he presently temporarily supervises. I recognize that he is a little slower than a more experienced man in handling supervisory duties, but this is understandable due to his comparatively short period of experience in handling duties of this nature. He presents a very satisfactory personal appearance and I believe that he has definite possibilities of further developing on a long range basis, possibly into an SAC. His services will be utilized as an acting supervisor on this desk until the return of the SA(A) DOODY as full time supervisor or until a further recommendation is made by me in regard to the supervision of work on this particular desk.

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SA(A) DONALD G. FISCHER has been approved by the Bureau as a relief supervisor on Desk #1 but due to the tremendous volume of pressing accounting work it has not been possible to utilize the services of SA(A) FISCHER as relief supervisor on this particular desk. I have carefully considered the qualifications of various Agents assigned to the headquarters city at the present time and have reviewed the personnel file pertaining to SA JOHN S. PORTELLA and have also observed the work of this Agent since arriving here on September 20, 1951. SA PORTELLA has not indicated a definite interest in handling supervisory duties on a full time basis but is a very willing worker and he frankly feels that he can serve the Bureau best as an investigator but he is very cooperative and I am sure that he would do a very satisfactory job in the capacity of relief supervisor. The Bureau is requested to authorize the services of SA PORTELLA to perform relief supervisory duties when his services might be needed.

In relet from this office to the Bureau dated August 7, 1951, Bureau authority was requested to use the services of SA FRANK T. BROCKETT as an assistant supervisor on a full time basis on Desk #2 to assist Supervisor JAMES T. MOONEY. Based on the case load pending on this desk as of October 1, 1951, I do not believe the work presently pending on the desk justifies the services of a full time assistant supervisor. However, due to the fluctuation of the work, Bureau authority is requested to utilize the services of SA FRANK T. BROCKETT as a relief supervisor on this desk. I realize that SA BROCKETT entered on duty on April 19, 1948; however, during the time I have been assigned to this office, I have observed the work of SA BROCKETT and find him to be very conscientious, meticulous and anxious to do a good job. His attitude is exceptionally good and I feel that he is fully competent to carry out the duties of a relief supervisor when his services may be needed. I do not, however, in recommending him for relief supervisory work intend to infer that I consider him fully qualified to develop over a period of years as an SAC.

In regard to Desk #3, there is no full time approved supervisor for this desk. However, prior to my arrival in Pittsburgh and subsequent thereto, SA JOHN J. CONEYS has been temporarily supervising the work on this desk. SA CONEYS entered on duty in the Bureau on April 19, 1948. I have carefully observed his work during the time I have been assigned to this office and find that SA CONEYS has an exceptionally good attitude, is keenly interested in doing a good job of supervising the work on the #3 Desk, and I find that he has handled his work very satisfactorily. After evaluating the Agents assigned to headquarters city at the present time as previously set forth, I believe that from the standpoint of enthusiasm, interest and ability, SA CONEYS is just as well qualified to handle the supervision of this work as any of the other Agents who are not presently approved as full time supervisors or relief supervisors. The Bureau will note from the list of Agents assigned to the headquarters city that there are very few Agents in the headquarters city with extensive Bureau experience. It is my recommendation that

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the Bureau approve the use of SA CONEYS to continue to handle the supervision of work on Desk #3 for a temporary period of approximately six months with the understanding that further recommendation will be submitted as to either replacing him as supervisor on this desk or continuing his services in such a capacity. There is no relief supervisor approved for handling work on this desk and I desire to submit the names of SA's DEAN M. HOWEN and JOHN P. MULL, JR., to act as relief supervisors on Desk #3 when their services might be needed. The name of DEAN M. HOWEN is resubmitted for reconsideration by the Bureau for lack of other suitable Agents to suggest who are assigned to the headquarters city. I believe that both SA's HOWEN and MULL could do a satisfactory job in a capacity of relief supervisor. SA HOWEN entered on duty in the Bureau on September 22, 1947, and SA MULL entered on duty on March 31, 1947.

In making the recommendation set forth previously as to Agents to handle supervisory work, I have carefully given thought to those Agents who are presently assigned or headquartered in the various Resident Agencies in this division. Of those Agents not assigned to headquarters city a number have indicated no particular interest in supervisory work. One that I would recommend for such work is SA ROY W. REGER who is Resident Agent at Huntington, W. Va. He formerly was a supervisor at the Seat of Government and the Bureau permitted his return to Huntington from the Seat of Government. In view of this he is not being considered in the recommendation submitted at this time. The Bureau has refused to approve SA's JOHN B. WOODRUFF, J. EDWARD KERN, and THOMAS C. ALLEN as Senior Resident Agents in their respective agencies. SA(A) A. BATES BUTLER, who entered on duty on September 21, 1942, is doing a very satisfactory job at New Castle, Pa., an important Resident Agency, and he has purchased his home there due to the lack of housing facilities, and I believe he could best serve the Bureau in his capacity as Resident Agent at his present post. In view of this, his name is not being submitted as a suggested supervisor for the reasons mentioned.

In the event the Bureau does not approve the suggested Agents for supervisory work as outlined, I would appreciate advice from the Bureau in the matter as promptly as possible. Until this advice is received the Agents named who handle supervisory work in this office will perform this work on an emergency basis. Until contrary advice is received from the Bureau, the various Agents listed will perform supervisory work in this office when their services might be needed.

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DECLASSIFICATION AUTHORITY DERIVED FROM:
FBI AUTOMATIC DECLASSIFICATION GUIDE
DATE 02-07-2012

SAC, PITTSBURGH

June 14, 1951

DIRECTOR, FBI

~~CONFIDENTIAL~~

JOSEPH F. CONDON, SA
DEAN M. HOWEN, SA

Reurlet June 5, 1951 in which you request approval for the use of the above captioned agents as relief supervisors on Saturdays, Sundays, holidays, and emergencies.

You are authorized to utilize Special Agent Condon in such capacity, however, relative to Special Agent Howen, he should only be used for weekend and holiday duty and should not be used as a general relief supervisor.

WSH:fsb

14 AUG 9 1951

OFFICE MEMORANDUM

UNITED STATES GOVERNMENT

TO : Director, FBI

DATE: 6/5/51

FROM : SAC, Pittsburgh

~~CONFIDENTIAL~~

SUBJECT: SUPERVISORS FOR SATURDAY
SUNDAY, HOLIDAY, AND EMERGENCY DUTY.
PITTSBURGH DIVISION.

The following names are suggested for approval for use as
relief Supervisors on Saturday, Sunday, holidays, and emer-
gencies:

JOSEPH F. CONDO

DEAN M. HOWEN

Unless advised to the contrary by the Bureau, these men will
be used as stated above.

NRJ:LEY
67-248

1951

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Walsh

FROM : R. G. Hunsinger

SUBJECT: SA JOSEPH F. CONDON
Albuquerque Office
Veteran

DATE: 8-8-74

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

PERMANENT BRIEF

Entered on Duty	1-20-47
Reported to Field	4-6-47
Present Grade and Salary	GS-13, \$26,878
Last Salary Change	10-14-73 -(Basic Increase)
Age	54 (Born 3-16-1920)
Place of Birth	New York, New York
Marital Status	Married -(4 Children)
Education	Bachelor of Arts Degree
Language Ability	None
Office of Preference since 2-28-74	Albuquerque
1974 Annual Performance Rating	EXCELLENT
Firearms Ability	Qualified
Outstanding Endorsers	None
Relatives in Bureau	None. Out-of-Service Relatives:
	Wife, [REDACTED]
	Sister, [REDACTED]
	Brother, James P. Condon, (Dec.),
	Sister-in-law, [REDACTED]

b6
b7C

Offices of Assignment:

4-6-47	assigned	Butte
9-27-47	reported to	Seattle
10-3-47	hdqrs. fixed	Bremerton, Washington
9-7-48	hdqrs. fixed	Spokane, Washington
11-14-48	reported to	Pittsburgh
6-22-52	reported to	Domestic Intelligence Division
8-14-64	reported to	Albuquerque
8-3-65	desig. Resident Agent, 11	Hobbs, New Mexico
10-19-65	desig. Sr. RA	Roswell, New Mexico
5-14-67	returned to hdqrs.	Albuquerque

LLD:mak
(1)

RECEIVED-11/10/74

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JOSEPH F. CONDON
11-72

This employee entered on duty on 1/20/47 as a Special Agent in Grade CAF-9, \$4149.60 per annum. At the conclusion of his training period, Mr. H. H. Clegg said he made a neat, conservative personal appearance. He seemed to be somewhat retiring and in need of considerable roughening experience. He seemed to be a sincere young man and was apparently very much interested in making a success as an Agent. He should with the proper experience develop satisfactorily. He needed additional Field training in the Rifle.

RECORD IN GRADE CAF-9, \$4149.60: On 2/3/47 he was reallocated to Grade CAF-10, \$4525.80 per annum in accordance with the reallocation program in effect on that date.

On 4/6/47 he was assigned to the Butte Office.

During an inspection of the Butte Office in June, 1947, the Inspector, (SA James W. Lail) stated that upon first contact he was somewhat reserved. He seemed to have a deep interest in the workings of the Bureau and a desire to better himself.

On 7/8/47 SAC Banister rated him GOOD and stated he possessed a pleasant personality but was inclined to be quiet and retiring by nature. He appeared to be capable, dependable, willing, enthusiastic and intelligent, but needed seasoning. He drove a car fairly well, but needed more practice in the operation of motor vehicles. On 5/15/47, while attempting to park a Bureau car in Butte, Montana, he misjudged the distance to the sidewalk and hit a girder, slightly denting the right front fender of the car. He had assumed full responsibility for this damage and had it repaired at his own expense. Current efforts were being made to overcome this lack of familiarity with the operation of motor vehicles and real improvement had been noted. It was believed that his assignment to the Resident Agency at Billings, Montana, for additional training under the supervision of older and more mature Agents would give him added seasoning and greater confidence in his own ability. It was believed that with more experience and under proper supervision he would develop into a satisfactory Bureau Agent.

On 9/26/47 SAC Banister rated him GOOD and stated he was inclined to be rather quiet by nature, but had a pleasant personality and appeared to be dependable, willing, enthusiastic and intelligent, but still needed seasoning. His driving of motor vehicles had improved materially in recent months. While assigned to the Resident Agency at Billings, Montana for general work and additional training, he participated in the apprehension of an armed National Motor Vehicle Theft Act fugitive and conducted himself in an exemplary manner. His general attitude was commendable and with more experience it was believed he would develop into a satisfactory Bureau Agent.

On 9/27/47 he was transferred to the Seattle Office, and on 10/3/47 his headquarters were fixed at Bremerton, Washington.

On 2/8/48 he received a uniform promotion to \$4651.20 per annum.

During an inspection of the Seattle Office in March, 1948, Inspector Gurnea stated he was lacking in self-confidence and it was obvious he was not

familiar with the rougher side of life. He was progressing satisfactorily but not above the average of Agents with his experience.

On 3/31/48 SAC Wilcox rated him VERY GOOD and stated it was believed he was sufficiently aggressive to do a very good investigative job. His dictation ability was rated as very good and his reports, memoranda and letters had been well done and thorough, requiring little supervision. His work had been well organized and he operated very well by himself, accepting responsibility for his work and handling it with only nominal supervision. His firearms training record was slightly below average and he needed intensive training in the use of the Bureau's weapons. Despite this record the SAC would have no hesitancy to use him on dangerous assignments.

On 7/11/48 he received a basic salary increase to \$4981.20 per annum.

On 7/23/48 SAC Wilcox rated him EXCELLENT and reiterated the comments of the previous report, adding that the production and quality of his work had been above average and he was a good investigator. He gave the impression of being an Agent who would develop considerably with experience as he had an interest in the Bureau, and it was believed, intended to make it a career. It was believed that over a period he would develop into a top-notch Agent and the SAC liked the way he operated. On 8/22/48 he was reallocated to Grade CAF-11, \$5232 per annum.

RECORD IN GRADE CAF-11, \$5232: On 9/7/48 his headquarters were fixed at Spokane, Washington.

On 10/18/48 SAC Wilcox rated him GOOD and stated that since the submission of the Efficiency Report of 7/23/48, there had been a definite change in the quality of his work. His reports had not reflected thorough and exhaustive investigation in all cases, requiring more than average supervision because of a considerable number of errors of form. At his request he was recently removed from Bremerton where he was Resident Agent to Spokane, Washington, and because of the number of error forms received by him, he was recently advised that unless his work improved, he would be returned to Seattle. He was rated very good to excellent in dictation ability; however, it was noted that from the standpoint of supervision, his language in many instances was loose and required interpretation. If he would adjust himself to more vigorous following of his own assignments, to more thorough and detailed investigation and to more careful preparation of reports and correspondence, there was no reason why he could not develop into an excellent Agent.

On 11/14/48 he was transferred to the Pittsburgh Office.

A letter was directed to him on 12/2/48 advising him that the Bureau's attention had been called to his 10/18/48 efficiency report. He was advised that he must exert his utmost to eliminate the deficiencies mentioned in this report. His SAC was requested to submit a report on this Agent at the end of sixty days.

He attended In-Service Training from 1/17/49 to 1/28/49.

On 2/4/49 SAC Thornton rated him GOOD and stated that his reports had been carefully supervised in that office with his knowledge, and it was believed that he had tried hard and tried successfully to conduct thorough investigations. He had tightened up considerably on his language and it was now felt that his reports were well stated and his words were well chosen. He took constructive criticism and suggestions readily and was showing continuous improvement. He had accepted each responsibility given him and appeared to be making good progress.

On 3/31/49 SAC Thornton rated him GOOD and stated he had demonstrated initiative, resourcefulness, force and aggressiveness. He was rated a good dictator, the comments being made that he should endeavor to develop and maintain a steady flow of dictation, avoiding spurts and although his sentence structure had improved, he should continue to remain conscious of the necessity of sound sentence structure in order to achieve preciseness of expression and clarity in meaning. He could be used on dangerous assignments under supervision and had operated on physical surveillances with success. His reports, memoranda, and letters came in in good order and showed thought and planning. He was able to organize and initiate his own investigations, accepted each responsibility designated to him, and followed through on each assignment without additional checks. He showed good interest in his work.

On 10/30/49 he received a basic salary increase to \$5400 per annum in GS-11.

On 2/6/50 SAC Thornton rated him VERY GOOD and stated he was rated as a very good dictator, was qualified in the use of all Bureau firearms, and could be used on dangerous assignments under supervision. His reports, memoranda, and letters came in in very good order and showed thought and planning, and the reports which he prepared were quite difficult, since they concerned the Communist Party in the United States in the Pittsburgh District. One of his principal assignments was the preparation of the Quarterly Report in connection with the Communist Party in the United States, and although he had missed the Bureau deadline on this particular Quarterly Report, the delays incurred were beyond his control. His volume was considered above average. He had a good command of the English Language, a good knowledge of grammar, and was progressing very satisfactorily.

In February, 1950 he was considered for a uniform promotion; however, he was passed over to be reconsidered in May, 1950.

On 3/31/50 SAC Thornton rated him EXCELLENT and stated he possessed initiative, resourcefulness, force and aggressiveness. He was rated as a very good dictator, was qualified in the use of all Bureau firearms, and could function on dangerous assignments. He had handled technical and physical surveillances very satisfactorily. His reports, memoranda, and letters required very little supervision. He had an excellent knowledge of grammar, had the ability to express himself succinctly, and definitely, and had exhibited a very keen interest in the activities of the Communist Party. He had accumulated a fine knowledge of the history and background of the Communist Party, and recently was particularly impressive when he gave a

talk on the personalities active in the Communist Party in the Pittsburgh area at the Quarterly Conference of Agents. He had produced an above average volume of above average quality of work. It was the SAC's opinion that this Agent would make a good Bureau speaker. He had the ability to initiate and organize his work and investigations and had accepted each responsibility delegated to him with an excellent spirit and attitude. It was believed that he possessed executive and administrative capacities.

On 5/28/50 he received a uniform promotion to \$5600 per annum.

His overtime record for the month of October, 1950, was 1 hour 58 minutes; November, 43 minutes; December, 1 hour 12 minutes.

In January, 1951 he was considered for GS-12 reallocation; however, he was passed over to be reconsidered upon receipt of his 1951 annual report.

On 3/31/51 SAC Soucy rated him SATISFACTORY and stated he possessed initiative, resourcefulness, force, and aggressiveness and had a very pleasant personality. He was rated an excellent dictator. His reports, memoranda, and letters required very little supervision and were generally considered above average in quality. During his assignment on Internal Security work he had accumulated an excellent knowledge of the history and background of the Communist Party as an organization, and he had a rather complete knowledge of the activities of the Communist Party in Western Pennsylvania and its members and leading functionaries. He produced an above average volume of work and he was considered to be one of the best qualified Agents on Internal Security matters presently assigned to that office. From the manner in which he handled cases assigned to him, it was definitely felt that he had the ability to handle the more complicated investigative matters. There would be no hesitancy to use him on dangerous assignments and he was available for special or general assignment. Although he had had no opportunity to demonstrate administrative or executive abilities, it was felt that from the manner in which he handled his assignments he had latent possibilities. He was rated in the upper limits of Satisfactory.

During the inspection of the Pittsburgh Office in April, 1951, SAC Soucy stated he handled the most involved type of investigations in his assignment on the Internal Security Squad, was better than average in intelligence and adroitness, and handled a large volume of work, requiring limited supervision and correction. The Inspector (J. J. Deary) concurred. During the inspection, he was criticized for unnecessarily delaying investigation in PGH file 100-10180, entitled "TED ROWLAND, IS-C", assigned 8/8/50, in that not much of any background had been developed on the subject who was acting as chauffeur for STEVE NELSON. However, he explained this was delayed awaiting inquiry at New York and that efforts were now being made to develop more information concerning this subject due to information received from a live informant. This case was proceeding towards recommending subject for the Security Index. This Agent was charged with delayed reporting in PGH file 61-119, assigned 11/20/50, entitled "CROATIAN FRATERNAL UNION OF AMERICA, aka, Croatian Fraternal Union, IS-C", as to which he explained this was due to the volume of work handled by him and

a report had been made. The inspection revealed that he handled the CP, USA, District #5 case on a day to day basis and prepared the quarterly summary on CP activities. He handled a large volume of work in an industrious and enthusiastic manner. It was recommended that no administrative action be taken.

On 4-15-51 he was reallocated to Grade GS-12, \$6400 per annum.

On 6-14-51 his SAC was authorized to utilize this Agent as relief supervisor on Saturdays, Sundays, holidays and emergencies.

On 7-8-51 he received a Basic Salary Increase to \$7040 per annum in GS-12.

By memorandum dated 7-11-51 he advised that he was interested in obtaining an assignment as legal attache in one of the U. S. Embassies where the Bureau maintained these positions, and while he would willingly accept an assignment in any of the Bureau's foreign liaison offices, in the event a preference was permitted, he would prefer an assignment in either Paris or Rio de Janeiro. By letter dated 7-19-51 he was advised that his preference had been recorded and would be borne in mind for possible future consideration.

He attended In-Service Training from 9-10 to 9-22-51.

On 9-20-51 SAC Robey rated him SATISFACTORY.

On 3-31-52 SAC Hallford rated him SATISFACTORY and said he had been assigned to the Security Squad where he had been responsible for the preparation of quarterly reports concerning the activities of District 5, Communist Party, USA, and prosecutive summary reports regarding Benjamin Lowell Careathers, Smith Act subject, in addition to handling various other Internal Security and occasional Espionage cases. He had demonstrated the ability to organize his work and to logically report the results thereof. He was a thorough investigator and produced an above average volume of work which required the very minimum of supervision. He definitely had the ability to handle the more complicated investigative matters. He had operated most satisfactorily on both physical and technical surveillances and his contacts were very good. He was rated as an excellent dictator.

His daily average overtime for March, 1952 was 45 minutes. In connection with his low March, 1952 overtime, the SAC advised that Condon pointed out the fact that he was confined to his home for a period of one week during March with a severe attack of the grippe. This illness aggravated a pre-existing nasal condition and influenced his decision to undergo a nasal operation during April, 1952, which had greatly alleviated this condition. Also during March, his father-in-law, who resided in Pittsburgh, was seriously ill with cancer from which he died during May, 1952 and Agent Condon felt it his personal obligation during that period to afford his wife the opportunity of visiting her father as often as possible. Since the two problems enumerated were no longer prevalent, he felt that he should,

and advised that he would, endeavor to equitably share the voluntary overtime performed in the office in the future.

On 6-22-52 he was transferred to the Domestic Intelligence Division. On his transfer report SAC Hallford rated him SATISFACTORY and said he had continued to handle the more complicated investigative matters in the security field in a most capable fashion. His production remained above average and his work required a minimum of supervision.

On 8-25-52 Mr. Belmont rated him SATISFACTORY and said he handled supervisory duties in the Central Research Unit and these duties required him to conduct research concerning the nature of Communism, its tactics, objectives, and specific methods of operations. In addition, the Unit conducted research on activities and policies of Communist front groups. He had indicated he had an excellent background for the performance of research and had already indicated that he was enthusiastic and interested in this type of assignment. He was hard working and unusually industrious. He had demonstrated the ability to organize his work and was a thorough research man. He should continue to progress as a supervisor at the Seat of Government in view of his performance to date.

His daily average overtime for August, 1952 was 1 hour 32 minutes, with no travel overtime.

He received a Uniform Promotion to \$7240 per annum in GS-12.

In February, 1953 Mr. Belmont submitted his name in connection with the Bureau's Personnel Advancement Program and said he was available for assignment wherever his services were needed. He could be developed on a long-range basis for an administrative post such as ASAC. His principal facility, however, was for research. He was not ready for assignment as ASAC.

On 3-31-53 Mr. Belmont rated him SATISFACTORY and said he was assigned to the Research Unit of the Liaison Section. This Unit did detailed research in the Bureau's files and elsewhere, analyzed material obtained, and produced monographs not only for use in connection with the Bureau's work but also for distribution to the highest officials in the U. S. Government. The work required a capacity for detail work, a facility for writing and analysis and a sound background in subversive activities. He had an excellent background in all phases of Communism and had applied his knowledge successfully in the production of memoranda assigned to him.

His daily average overtime for April, 1953 was 2 hours 19 minutes, with no travel overtime.

On 7-2-53 Mr. Belmont rated him SATISFACTORY and commented he had shown superior ability in conducting thorough, exhaustive and accurate research. In addition to this, he had considerable talent relative to the organization

of large volumes of work and was able to present his material and ideas clearly and consistently. Some of his writings had been singled out for commendation by outside agencies. He also was a very good lecturer on the subject of Communism. He had demonstrated repeatedly his conscientiousness and willingness to work hard and long when necessary to complete his assignments. Further, he had an original turn of mind and frequently made suggestions for improvement and varied approaches to difficult projects. In a separate communication Mr. Keay recommended that he be considered for Grade 13 promotion.

On 7-19-53 he was promoted to Grade GS-13, \$8360 per annum.

On 3-31-54 Mr. Blemont rated him SATISFACTORY and said he was definitely a superior research agent. He had considerable ability in the organization of a large volume of background material and the reducing of it to an organized presentation. He wrote well and was an excellent lecturer. Mr. Belmont would characterize him as an astute and conscientious Special Agent with a flair for research. His ability was such that he should progress in the Bureau; particularly along the lines of research.

In March, 1954 Mr. Keay submitted his name in connection with the Bureau's Personnel Advancement Program and said he was available for assignment wherever his services were needed. He could be developed on a long-range basis for an administrative post such as ASAC. His principal facility, however, was for research.

He attended In-Service Training from 5-24-54 to 6-4-54.

Memorandum dated 11-22-54 reflected that effective 11-23-54 the Central Research Unit of the Liaison Section would be transformed to Section status. Due to the administrative setup in the Liaison Section at present, it was possible to make this changeover without transferring personnel from one Unit to another within the Liaison Section. It was proposed that the functions of the former Central Research Unit would remain the same and would be carried over into the new Section. They would continue to produce the same type of work with the same personnel as in the past.

On 1-16-55 he received a Uniform Promotion to \$8560 per annum in GS-13.

His daily average overtime for February, 1955 was 2 hours 13 minutes.

On 3-13-55 he received a basic increase to \$9205 per annum in GS-13.

On 3-31-55 Mr. Sullivan rated him SATISFACTORY and said he was a Supervisor of superior intelligence with an academic turn of mind. He had an avid interest in reading which was highly conducive to developing an extensive background for his research work. He had the capabilities for doing excellent research work. He was engaged in writing scholarly

monographs in the field of Communism which were disseminated to all Bureau officials, field offices and also to the highest officials of the United States Government. In conjunction with this work, he was developing into a very good lecturer, giving lectures to new agents, In-Service agents and to some outside governmental groups. When he had lectured outside the Bureau, officials of those groups had submitted favorable comments.

In a separate communication Mr. Sullivan advised that this Agent was interested in administrative advancement. Should the Bureau consider seriously Mr. Condon's administrative advancement interests but believed he was lacking experience, consideration could be given to assigning this man to another Section and Desk where he would have far better opportunities to gather administrative experiences in investigative matters than he had now doing research work.

His daily average overtime for March, 1955 was 2 hours 10 minutes, and for April, 1955 was 2 hours 42 minutes.

On 5-11-55 Mr. Belmont was advised that this Agent had been trained as an Inspector's Aide and was now qualified to assist Inspectors on regular inspections.

His daily average overtime for May, 1955 was 2 hours 20 minutes; June, 1 hour 56 minutes; July, 2 hours 19 minutes; and August, 2 hours 3 minutes.

By letter dated 9-1-55 he was COMMENDED for his valuable services in the preparation of two monographs relating to certain phases of the Bureau's work in internal security matters.

His daily average overtime for September, 1955 was 3 hours 48 minutes; October, 2 hours 17 minutes; November, 2 hours 21 minutes; December, 2 hours 11 minutes; January, 1956, 2 hours 21 minutes; and February, 2 hours 18 minutes.

On 3-31-56 Mr. Sullivan rated him SATISFACTORY and said he had the ability to participate in complicated investigative assignments and to participate in raids and dangerous assignments. He was engaged in research and writing in the general security field. Also, Mr. Condon was a very accomplished and effective lecturer and gave a large number of lectures during the year. He had both definite potentiality for and interest in administrative advancement.

His daily average overtime for March, 1956 was 2 hours 24 minutes; April, 2 hours 58 minutes; and May, 2 hours 10 minutes.

On 6-12-56 Mr. Sullivan recommended that no change be made in Mr. Condon's assignment and this recommendation was approved. Mr. Sullivan noted that his assignment was changed in 1955 from regular research work to the writing and editing of the Current Intelligence Analysis and also to preparing, every four months, in conjunction with the Current Intelligence Analysis the monograph entitled "The Communist Party Line." Further, in 1955 his assignment was changed to include the handling of short specials. It was further changed in 1956 to include the handling of mail on a day-to-day basis for the Section.

By letter dated 6-13-56 he was COMMENDED for the excellent performance of his duties in the Central Research Section, particularly in connection with a major analysis and an important monograph recently distributed.

His daily average overtime for June, 1956 was 2 hours 2 minutes.

On 7-15-56 he received a Uniform Promotion to \$9420 per annum in GS-13.

His daily average overtime for July, 1956 was 2 hours 36 minutes.

Mr. Nease interviewed SA Condon on 8-22-56. He made a very good personal appearance and seemed to be rather enthusiastic about the work he was presently doing in the Central Research Section of the Domestic Intelligence Division. He stated he would like to progress as far as he could in the Bureau and would eventually like to become an ASAC and advance even further if he had the capability. He conversed in a rapid fashion, was inclined to gesture somewhat with his hands and used various facial expressions when conversing. There seemed to be no question in his mind what he would be able to function as a field administrator if given the opportunity. He stated he would have a preference for advancement in the field, but would not object to further advancement at the Seat of Government if the opportunity presented itself. Concerning his future prospects in the Bureau, Mr. Nease thought this man did have some potential, but felt he was not ready for an assignment as an ASAC at this time, and there was a question in his (Nease) mind as to just how he would get along in supervising men. Mr. Nease was of the opinion he needed to attain more maturity before he was ready for such an assignment. Mr. Nease thought it was to his advantage to remain where he was for the time being. It was recommended that no change be made in SA Condon's assignment at this time. This recommendation was approved.

His daily average overtime for August, 1956 was 2 hours 49 minutes; September, 2 hours 22 minutes; October, 2 hours 17 minutes; November, 2 hours 12 minutes; and December, 2 hours 38 minutes.

On 1-20-57 he received the Ten-Year Service Award Key.

His daily average overtime for January, 1957 was 2 hours 17 minutes and for February, 2 hours 13 minutes.

On 3-31-57 Mr. Sullivan rated him EXCELLENT and said he was engaged in research, writing, and lecturing. He excelled in all three. He wrote the FBI weekly Current Intelligence Analysis which was distributed to high-ranking outside governmental officials as well as throughout the Bureau. His work made him an authority on the Communist Party, USA. He was a willing, ready worker who never objected to an assignment and was available whenever needed. He was a very real asset to the Bureau. He had administrative ability. He liked administrative work and hoped to advance to the position of ASAC and beyond. Mr. Sullivan believed, however, Mr. Condon needed continued experience here at the Bureau before advancing administratively. Therefore, Mr. Sullivan did not recommend him for advancement at this time.

His daily average overtime for March, 1957 was 2 hours 9 minutes; April, 2 hours 19 minutes; and May, 2 hours 14 minutes.

On 6-24-57 Mr. Sullivan recommended that he be promoted to Grade GS-14 inasmuch as he has been serving at the Seat of Government since 1952 in research work and writing. Mr. Condon intended to make a career of the Bureau and was most interested in administrative advancement. He was willing to accept an assignment anywhere the Bureau wished to send him. Mr. Sizoo concurred for Mr. Belmont.

It is noted Mr. Condon has received numerous letters of commendation and appreciation from outside individuals regarding lectures he had given concerning Communism.

By memorandum of 6-28-57 he was considered for GS-14 promotion and was passed over to be reconsidered upon receipt of his 1958 annual performance report since it was doubted he was ASAC material.

His daily average overtime for June, 1957, was 2 hours 20 minutes.

By memorandum of 7-15-57 Mr. Sullivan recommended he be reconsidered for promotion to Grade GS-14. Mr. Sullivan said he agreed fully that SA Condon was not ready for an assignment as an ASAC at that time, and added that Condon by nature was ideally suited for research and writing and in this capacity was making a contribution to the Bureau which was surely equal to the contribution of an ASAC in small Field Division.

By memorandum dated 7-18-57 he was passed over for Grade GS-14 promotion to be reconsidered on the receipt of his 1958 annual report.

His daily average overtime for July was 2 hours 05 minutes, and for June was 2 hours 05 minutes.

By letter dated 9-11-57 he was CENSURED for errors in an official communication prepared by him and directed to other Government agencies.

His daily average overtime for September was 2 hours 18 minutes; October, 2 hours 02 minutes; November, 2 hours 12 minutes; and December, 3 hours 14 minutes.

On 1-12-58 he received a Uniform Promotion to \$9635 per annum in Grade 13.

His daily average overtime for January, 1958, was 2 hours 46 minutes, and for February was 2 hours 38 minutes.

He attended Security In-Service Training from 3-24 to 4-4-58.

On 3-31-58 Mr. Sullivan rated him EXCELLENT and said he was an authority on the current activities of the Communist Party, USA, and had been of great assistance not only to the Research Section, but to other sections in the Bureau as a result of his knowledge of the Party. When the Section Chief or the Number One Man was absent he handled their work in the front office with superior administrative knowledge, understanding and discernment. He very definitely had administrative ability, he liked administrative work, he wished to advance to the position of ASAC and beyond, and he had the capacity to do so. He was available for assignment in any position and in any place decided upon by the Bureau, and Mr. Sullivan recommended him without reservation for administrative advancement as ASAC. In a separate communication Mr. Sullivan recommended that he be promoted to Grade GS-14.

His daily average overtime for March was 2 hours 09 minutes; for April, 2 hours 12 minutes; May, 2 hours 40 minutes; June, 1958, 3 hours 30 minutes.

On 6-1-58 he was promoted to Grade GS-14, \$11,355 per annum. By letter dated 6-2-62 he thanked the Director for this promotion.

By letter dated 6-5-58 he was CENSURED inasmuch as he failed to discover a mistake in a communication dated 5-28-58, prepared by him and directed to another Government Agency.

His daily average overtime for July, 1958, 2 hours 34 minutes; August, 3 hours 5 minutes; September, 2 hours 8 minutes; October, 2 hours 8 minutes; November, 2 hours 42 minutes.

By letter dated 11-13-58 he was COMMENDED for the excellent work he did in connection with the preparation of a special brief relating to internal security matters. (RE:Director's speech given before the President and his Cabinet).

His daily average overtime for December, 1958, 3 hours 28 minutes; January, 1959, 5 hours 23 minutes.

By letter dated 1-27-59 he was COMMENDED, through Mr. W. C. Sullivan, for his capable assistance in the analysis of the article which appeared in "The Nation."

His daily average overtime for February, 1959, 2 hours 15 minutes; March, 1959, 2 hours 34 minutes.

By letter dated 3-24-59 he was COMMENDED, through Mr. W. C. Sullivan, for the fine work he did in connection with a special project for the Director's use.

On 3-31-59 Mr. W. C. Sullivan rated him EXCELLENT and stated he was a very mature, capable and valuable employee. He made a very good appearance, and his personality was marked by integrity, conscientiousness, interest in work, loyalty, forcefulness, and good judgment and he was well liked by all his associates. He could handle complex investigative assignments for the Bureau without difficulty and was able to participate in raids and dangerous assignments. He had produced an above average volume of work, while at the same time maintained a high level of quality. He was outstanding in the bulk of his research, writing, and lecturing. He was a willing worker and never hesitated to work nights or weekends when needed. His work, his attitude, and his enthusiasm had been highly satisfactory throughout the rating period. He was trained and qualified as an Inspector's Aide; however, he had not done this type of work. He was interested in, available for, and considered completely qualified for administrative advancement.

His daily average overtime for April, 1959, 2 hours 57 minutes; May, 2 hours 15 minutes.

By letter dated 5-7-59 he was CENSURED inasmuch as there were errors in certain material dated 4-29-59, pertaining to a security matter, and he was at fault in failing to discover the mistakes and have them corrected.

By letter dated 6-23-59 he was COMMENDED for his excellent participation in the preparation of certain material for the Director's use on 6-16-59. (Re: Director's speech at Morris Harvey College.)

In June, 1959, he renewed his request for foreign assignment. He felt that an assignment to the Paris office would enable him to put to effective use the knowledge of the international communist movement which he had acquired in the Central Research Section during the past seven years.

His daily average overtime for June, 1959, 2 hours 7 minutes; July, 2 hours 2 minutes; August, 2 hours 30 minutes; September, 2 hours 11 minutes; October, 1959, 2 hours 3 minutes.

By letter dated 10-28-59 he was COMMENDED for the excellent work he did in connection with the preparation of an article relating to matters of interest to the Bureau in the security field. (RE: Communist Illusion and Democratic Reality).

On 11-29-59 he received a Uniform Promotion to \$11,595 per annum in GS-14.

His daily average overtime for November, 1959, 2 hours 15 minutes; December, 1959, 2 hours 3 minutes; January, 1960, 2 hours 4 minutes.

By letter dated 2-12-60 he was COMMENDED for his performance in connection with the preparation of an article which should prove to be of inestimable value to the Bureau in the security field. (RE: Article on Communism furnished to Operations Coordinating Board).

His daily average overtime for February, 1960, 2 hours 3 minutes; March, 3 hours 1 minute.

On 3-31-60 Mr. W. C. Sullivan rated him EXCELLENT and stated he was a very mature, valuable, well-seasoned veteran of the Bureau. He made an excellent personal appearance and his personality was marked by interest, intelligence, enthusiasm, loyalty, judgment, industry, conscientiousness, and force as required. He had the ability to handle the most complicated investigations in the Bureau as well as participate effectively in raids and dangerous assignments. He was available for general and special assignment. He was engaged in research and writing in the field of communism, was a very capable lecturer on communism and was fully able to handle any lecture assignments either inside the Bureau or outside before public groups. He was qualified as an Inspector's aide, but during the rating period he had not done this type of work. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

By letter dated 4-13-60 he was COMMENDED, through Mr. Sullivan, for his participation in the preparation of a brief concerning a matter of great interest to the Bureau in the security field. (Re: Brief dated 3-60, entitled Communist Infiltration of the Press).

His daily average overtime for April, 1960, 2 hours 16 minutes; May, 2 hours 6 minutes.

By letter dated 5-18-60 he was COMMENDED for his very fine efforts in connection with the preparation of a document concerning material of importance in the security field. (RE: Communist Tactics, Strategy, and Objectives of Special Concern to American Lawyers).

His daily average overtime for June, 1960, 2 hours 18 minutes; July, 1960, 2 hours 7 minutes.

On 7-10-60 he received a Basic Salary Increase to \$12,470 per annum in GS-14.

His daily average overtime for August, 1960, 2 hours 11 minutes; September, 2 hours 27 minutes; October, 2 hours 37 minutes; November, 2 hours 15 minutes; December, 2 hours 15 minutes.

By letter dated 12-12-60 he was COMMENDED for the outstanding attitude he exhibited in reporting for duty this date despite the extremely hazardous travel conditions.

His daily average overtime for January, 1961, 2 hours 18 minutes; February, 1961, 2 hours 10 minutes.

On 2-24-61 he received a letter of APPRECIATION for his suggestion dated 2-20-61 regarding the tour exhibit on the growth of communism. He would be advised in the event it was adopted.

On 3-31-61 Mr. W. C. Sullivan rated him EXCELLENT and stated he made an effective personal appearance, and his personality was marked by intelligence, enthusiasm, loyalty, interest, judgment, conscientiousness and industry. He had the ability to use the amount of force and aggressiveness as required, had the ability to handle the most complex investigations, had the ability to participate in raids and dangerous assignments, and was available for general and special assignment. He had been engaged in research, writing and lecturing in the field of communism. He was a very capable writer and lecturer in both theoretical and practical applications of communism. He had consistently prepared research and writing products of a very high quality. He was a very capable lecturer on the subject of communism and was fully able to handle many lecture assignments either inside or outside the Bureau. He was qualified as an Inspector's Aide but during this rating period he had not done this type of work. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

His daily average overtime for March, 1961, 2 hours 13 minutes; April, 2 hours 17 minutes; May, 1961, 2 hours 23 minutes.

On 5-28-61 he received a Uniform Promotion to \$12,730 per annum in GS-14.

His daily average overtime for June, 1961, 2 hours 23 minutes; July, 3 hours 3 minutes; August, 3 hours 10 minutes; September, 2 hours 46 minutes.

By letter dated 10-16-61 he was COMMENDED for the excellent job he did in preparing the basic material for "The Communist Party Line" published by the United States Senate Committee on the Judiciary.

His daily average overtime for October, 1961, 2 hours 55 minutes; November, 2 hours 35 minutes; December, 1961, 3 hours 1 minute.

By letter dated 1-11-62 he was COMMENDED, through Mr. E. H. Mossburg, along with other member of the Streamlining Committee of the Domestic Intelligence Division for the excellent job done during the past six months.

His daily average overtime for January, 1962, 2 hours 40 minutes; February, 2 hours 38 minutes; March, 1962, 2 hours 46 minutes.

On 3-31-62 Mr. R. W. Smith rated him EXCELLENT and stated he made a substantial personal appearance, and his personality portrayed his intelligence, judgment and ability to carry out successful contacts with others. He had the ability to use the proper amount of aggressiveness necessary to reach an objective. He had been carrying out assignments in research, writing and lecturing in a superior manner. He had an extensive knowledge in both the theoretical and practical applications of communism. In addition to his perceptive handling of research and writing duties, he was a talented lecturer having lectured before Bureau training classes and groups outside the Bureau both governmental and nongovernmental. He had indicated his versatility during the rating period in serving as an alternate for the Supervisor in Charge of the Current Reserach Unit and had displayed an ability for administration and direction of personnel. He was an industrious worker and effectively carried his share of the work load, had the ability to handle the most complex investigations and to participate in raids and dangerous assignments, and was available for general and special assignment. He was a qualified Inspector's Aide, but did not participate in an inspection during the rating period. He was interested in, available for, and considered to have excellent qualifications for administrative advancement.

His daily average overtime for April, 1962, 2 hours 33 minutes; May, 2 hours 19 minutes.

By letter dated 5-8-62 he was COMMENDED, through Mr. Sullivan, for his invaluable participation in the instruction at the recently completed Command Level Administrative School conducted for the Metropolitan Police Department.

On 5-10-62 he was interviewed by Mr. Hyde and Mr. Tavel on behalf of the Screening Committee. He was very well groomed and made an excellent appearance. He seemed mature and intelligent, and his personality was

rather quiet and reserved but he conversed easily and did not lack poise or confidence. He was very much interested in advancing administratively, was available for assignment anywhere, and was in excellent health. He particularly mentioned that he would be interested in assignment to a Legal Attache's Office, pointing out that he had five years of French and two years of Spanish in school and felt that he could develop a fluency in either of these languages rapidly. It was suggested to him that he take the Bureau's language test in French and Spanish to establish his present ability in these languages. He had a rather scholarly manner and was apparently talented in research work. There appeared to be no reason, however, why he could not serve capably in a field executive position. It was recommended and approved he be considered qualified for administrative advancement.

He attended Specialized Security #4 In-Service Training from 5-28-62 to 6-8-62.

On 6-23-62 he satisfactorily completed the Special Counterinsurgency Course conducted at the National War College during the period June 11 to June 23, 1962.

His daily average overtime for June, 1962, 4 hours 11 minutes; July, 1962, 2 hours 5 minutes.

By letter dated 7-2-62 he was COMMENDED for his invaluable services in the preparation of a document pertaining to communism. (Re: A Study of Communism, Textbook by the Director).

SA Condon completed the special Counterinsurgency Course conducted at the National War College during the period 11-23 June, 1962.

Memorandum dated 8-10-62 reflected he had been afforded Soviet "Illegal" Espionage Activities Specialized Training.

His daily average overtime for August, 1962, 2 hours 7 minutes.

By letter dated 9-7-62 he received an INCENTIVE AWARD in the amount of \$300.00 in recognition of the outstanding fashion in which he had discharged his responsibilities in the Central Research Section for an extended period of time. In a letter to the Director dated 9-11-62 he expressed his appreciation for this recognition.

His daily average overtime for September, 1962, 2 hours 10 minutes.

On 10-14-62 he received a Basic Salary Increase and a Within-Grade Increase to \$14,120 per annum in GS-14.

His daily average overtime for October, 1962, 3 hours 17 minutes.

By letter dated 11-6-62 he was CENSURED inasmuch as a document recently prepared for the Director's use regarding certain statements made by a former employee of the Bureau (Jack Levine) contained a very serious error and it was determined he was responsible for this mistake. This was in regard to an allegation by Jack Levine regarding number of Negro employees in various Bureau Offices.

His daily average overtime for November, 1962, 2 hours 13 minutes, December, 1962, 2 hours 4 minutes, January, 1963, 2 hours 8 minutes, February, 2 hours 22 minutes, March, 1963, 2 hours 14 minutes.

On 3-31-63 Mr. R. W. Smith rated him EXCELLENT and stated he had been carrying out his assignments in a superior manner. He had an outstanding knowledge of both the theoretical and practical applications of communism, which he effectivly applied to his assignments. During the course of his duties as alternate for the Supervisor in Charge of the Current Research Unit, Mr. Condon had shown qualities of executive ability and the capacity for handling administrative matters. In addition to his "know how" as a writer, he was a talented speaker in the field of communism. In addition to lecturing before training classes, he had carried out a large number of speaking assignments before groups outside the Bureau. In carrying out these assignments he had consistently displayed qualities of superior initiative and judgment. He had the ability to handle the most complicated investigative matters and to operate effectively on raids and dangerous assignments. He was interested in, available for and excellently qualified for administrative advancement.

His daily average overtime for April, 2 hours 7 minutes; May, 2 hours 8 minutes.

By letter dated 5-7-63 he was advised a QUALITY WITHIN GRADE INCREASE had been approved for him in the amount of \$14,545 per annum in GS-14 in view of his sustained above-average performance for the past year. This was effective 5-12-63.

By letter dated 5-8-63 he expressed appreciation to the Director for this increase in salary.

His daily average overtime for June, 2 hours 41 minutes; July, 2 hours 14 minutes; August, 3 hours 16 minutes; September, 2 hours 30 minutes; October, 2 hours 10 minutes; November, 4 hours 21 minutes; December, 3 hours 5 minutes.

By letter dated 12-19-63 he was COMMENDED for his fine services in connection with the preparation of the report and brief incident to the investigation of the assassination of the President.

On 1-5-64 he received a Basic Salary Increase to \$15,415 per annum in Grade GS-14.

By letter dated 1-6-64 he was COMMENDED through Mr. Lake as a member of the Domestic Intelligence Division Streamlining Committee for his noteworthy achievements during the past six months.

By letter dated 1-10-64 he was COMMENDED for his exemplary performance in the research relative to the article entitled "The U. S. Businessman Faces the Soviet Spy", which appeared in the January-February, 1964, issue of "Harvard Business Review".

His daily average overtime for January, 1964, 2 hours 6 minutes; February, 2 hours 25 minutes; March, 1964, 2 hours 2 minutes.

On 3-31-64 Mr. R. W. Smith rated him EXCELLENT and stated he had carried out research, writing and speaking assignments for the most part relating to the subject of communism, in a superior manner. He was a resourceful researcher, writer and speaker, and had the ability to make perceptive analyses and to organize his work effectively. He had the ability to handle complicated matters in the investigative field. He had displayed a high degree of effectiveness as a speaker on topics relating to the field of communism. He was interested in, available for, and considered completely qualified for administrative advancement. His qualifications were considered excellent.

His daily average overtime for April, 1964, 2 hours 17 minutes; May, 2 hours 26 minutes; June, 1964, 2 hours 8 minutes.

On 7-5-64 he received a Basic Increase to \$16,130 per annum in Grade GS-14.

His daily average overtime for July, 1964, 2 hours 10 minutes.

On 8-7-64 he was rated EXCELLENT.

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On 8-14-64 he was transferred to the Albuquerque Office on general assignment and demoted to Grade GS-13, \$15,015 per annum, effective 8-16-64. This transfer was based on his request for assignment to a Southwest Office with a high and dry climate due to a serious health problem in his family.

[redacted]
[redacted] and their doctor recommended
a change in climate [redacted]
[redacted] He expressed appreciation for
this transfer in a letter to the Director.

His daily average overtime for August, 1964, 2 hours 16 minutes; September, 3 hours 14 minutes; October, 2 hours 15 minutes; November, 2 hours 47 minutes; December, 2 hours 28 minutes; January, 3 hours 13 minutes; February, 1965, 2 hours 45 minutes.

On 3-31-65 he was rated EXCELLENT with comments that he dressed neatly and in good taste, represented the Bureau well, had a quiet and effective personality, and had proven a definite ability to participate in raids and dangerous assignments. He was not available for general assignment due to a family health problem. Since his arrival in Albuquerque he had been assigned to work under the direct supervision of the SAC, and had handled criminal and security investigations on the desk of the SAC and ASAC. He was presently the case Agent on a major Bank Robbery investigation and had proven a definite administrative ability in handling a special investigation of this nature. Prior to arriving to Albuquerque he had been assigned to the Seat of Government for many years and worked in the Domestic Intelligence Division at time of transfer. Even though the transition presented many problems and situations he displayed an outstanding attitude and demonstrated his ability to adjust in a superior manner. He was intelligent, dependable, trustworthy, and a loyal Bureau employee. He was interested in, but not available for administrative advancement due to a family health problem.

His daily average overtime for March, 1965, 2 hours 32 minutes; April, 1 hour 51 minutes; May, 2 hours 38 minutes; June, 2 hours 8 minutes; July, 1965, 2 hours 4 minutes.

On 8-3-65 he was designated Resident Agent at Hobbs, New Mexico.

During an inspection of the Albuquerque Office in August, 1965, Mr. R. B. Lavin of the Inspection Staff stated he made an excellent and distinguished personal appearance, and was a well-rounded Agent of many years' experience. Although his principal field for many years at the Bureau was research on communist matters he had readapted to the duties of a field Agent excellently.

His daily average overtime for August, 1965, 3 hours 12 minutes; September, 1965, 2 hours 59 minutes.

As the result of a Basic Increase and Within-Grade, both effective 10-10-65 his salary was increased to \$15,990 per annum in Grade GS-13.

On 10-19-65 he was designated Senior Resident Agent at Roswell, New Mexico.

His daily average overtime for October, 1965, 2 hours 1 minute; November, 1 hour 52 minutes; December, 1965, 3 hours 20 minutes.

On 1-19-66 he was approved as a Bureau Speaker in the Albuquerque Office.

His daily average overtime for January, 1966, 3 hours 42 minutes; February, 1966, 3 hours 41 minutes.

On 3-31-66 he was rated EXCELLENT with comments that he presented a neat, clean-cut appearance, had a friendly personality, was well qualified to lead and participate in raids and dangerous assignments, and was not available for general assignment due to a family health problem. From 4-1-65 to 8-3-65 he was assigned to the headquarters city working on general, criminal and applicant cases, and his performance was excellent. He had worked as Resident Agent at Hobbs, New Mexico and was now working as Senior Resident Agent at Roswell, New Mexico. He handled all types of investigations in his territory except accounting. He had shown steady advancement in familiarizing himself with field operations and procedures after having served many years at Seat of Government. He was well qualified to handle the more complicated types of cases with minimum supervision. He had been successful in qualifying two Criminal Informant and had taken over handling numerous Criminal Informants and Potential Criminal Informants submitted by other Agents in Resident Agencies. He was interested in, but not available for administrative advancement due to a family health problem.

His daily average overtime for March, 1966, 2 hours 37 minutes; April, 1966, 3 hours 13 minutes.

During an inspection of the Albuquerque Office in May, 1966, Mr. A. W. Wells of the Inspection Staff stated he was well dressed, enthusiastic and from an over-all standpoint created a very favorable impression. His performance and statistical accomplishments, including participation in the informant program, indicated that he was equitably sharing the work load of the office.

His daily average overtime for May, 1966, 2 hours 37 minutes; June, 1966, 3 hours 15 minutes.

On 7-3-66 he received a Basic Increase to \$16,457 per annum in Grade GS-13.

His daily average overtime for July, 1966, 2 hours 31 minutes; August, 2 hours 31 minutes; September, 2 hours 48 minutes; October, 3 hours 15 minutes; November, 2 hours 56 minutes; December, 3 hours 21 minutes.

Memorandum, Adams to Callahan, dated 1-10-67 gave consideration to the recommendation of SAC, Albuquerque, that SA Condon be transferred from Roswell Resident Agency to Headquarters City. SAC's recommendation was based on physical condition of SA Condon's son whose physician had written to SAC indicating a move to Albuquerque might alleviate allergy condition of SA Condon's son. According to the SAC, the physician was unable to pinpoint the source of this allergy condition and could only state that from what he had learned of his medical history, SA Condon's son had fared better in the city of Albuquerque as compared with Roswell since heavy pollination

might be the source of his allergies. The physician emphasized to the SAC this was his own idea and that he had not consulted either SA Condon or his wife. By memorandum 1-11-67 the SAC was advised that the Bureau was not approving his recommendation at this time.

By letter dated 1-20-67 he received his TWENTY-YEAR SERVICE AWARD KEY.

His daily average overtime for January, 1967, 2 hours 40 minutes; February, 3 hours 2 minutes; March, 2 hours 59 minutes.

On 3-31-67 he was rated EXCELLENT and comments indicated he was Senior Resident Agent at Roswell, New Mexico, where he handled criminal, general, applicant and security cases. He could handle complicated investigations and required minimum supervision. He was available for special assignment but not available for general assignment due to a health problem in his family. He was not interested in administrative advancement

During an Inspection of the Albuquerque Office in April, 1967, the Inspector [] stated he was presently under transfer to headquarters city. He created a very favorable impression and stated he hoped that his transfer from Roswell to Albuquerque would result in further improvement in his health. He was not interested in administrative advancement, was available for special assignment, but not general assignment due to the health of his children. This unavailability was justified.

b6
b7c

His daily average overtime for April, 1967, 2 hours 45 minutes; May, 2 hours 41 minutes.

By letter dated 5-5-67 he was CENSURED inasmuch as during the recent inspection of the Albuquerque Division which was recently completed revealed that he did not adequately discharge his investigative responsibilities in the Unlawful Flight to Avoid Prosecution case involving []. He permitted excessive delay to occur in covering certain leads in this fugitive case, investigation on one lead was not reported and no investigation was conducted with regard to another lead.

On 5-14-67 he RETURNED to headquarters city, Albuquerque. Expressed appreciation by letter 4-20-67.

His daily average overtime for June, 1967, 2 hours 21 minutes; July, 2 hours 33 minutes; August, 2 hours 35 minutes; September, 2 hours 32 minutes; October, 2 hours 39 minutes.

On 10-8-67 he received a Basic Salary Increase to \$17,107 per annum in GS-13.

His daily average overtime for November, 1967, 2 hours 35 minutes; December, 2 hours 9 minutes; January, 3'16"; February, 2'11".

He attended Advanced Security In-Service from 2-5 to 2-16-68.

On 3-31-68 he was rated EXCELLENT and comments reflected he had handled primarily security work. He had demonstrated an ability to handle the more complicated types of cases with only average supervision. He was not interested in administrative advancement.

His daily average overtime for March, 2'38"; April, 2'14"; June, 2'10" ; July, 2'35".

On 7-14-68 he received a Basic Increase to \$18,249 per annum in GS-13.

His daily average overtime for August, 1968, 2'09"; September, 2'37"; October, 2'11".

On 10-6-68 he received a Within-Grade Increase to \$18,729 per annum.

His daily average overtime for November, 1968, 2'35"; December, 2'11"; January, 2'28"; February, 2'09"; March, 2'32".

On 3-31-69 he was rated EXCELLENT and comments reflected he handled matters in the security field. He had demonstrated the ability to handle the more complicated types of cases with only average supervision. He was not interested in administrative advancement.

His daily average overtime for April, 2'10"; May, 2'25"; June, 2'17"; July, 2'23".

On 7-13-69 he received a Basic Increase to \$20,555 per annum in GS-13.

His daily average overtime for August, 1969, 2'37"; September, 2'16"; October, 2'33"; November, 2'02"; December, 2'31".

On 12-28-69 he received a Basic Increase to \$21,791 per annum in GS-13.

His daily average overtime for January, 1970, 2'14"; February, 2'31".

On 2-16-70 he was rated EXCELLENT.

On 3-31-70 he was rated EXCELLENT and comments reflected he was assigned to matters in the security field. He handled the most complicated investigative matters with a minimum of supervision. He was not interested in administrative advancement.

His daily average overtime for March, 1970, 2'21"; April, 2'28"; May, 2'18"; June, 2'23"; July, 2'05"; August, 2'30"; September, 2'11"; October, 2'28"; November, 2'06"; December, 2'31".

RE: SA JOSEPH F. CONDON (continued)

On 1-10-71 he received a Basic Increase to \$23,089 per annum in GS-13.

His daily average overtime for January, 1971, 2'3"; February, 2'24"; March, 2'10".

On 3-31-71 he was rated EXCELLENT and comments reflected he worked entirely in the security field and had done an excellent job. He handled the most complicated matters with a minimum of supervision. He was not interested in administrative advancement.

His daily average overtime for April, 2'36"; May, 2'12"; June, 2'25"; July, 2'11"; August, 2'43"; September, 2'11".

On 9-7-71 he was PLACED ON LIMITED DUTY due to a fractured ankle.

His daily average overtime for October, 2'31"; November, 2'13".

On 11-19-71 he was REMOVED FROM LIMITED DUTY.

By letter dated 12-20-71 he was CENSURED for his failure to recommend a case be opened on basis of security informant's information that an individual made a certain statement regarding

b7D

His daily average overtime for December, 2'31"; January, 1972, 2'7".

On 1-9-72 he received a Basic Increase to \$24,362 per annum.

By letter dated 1-20-72 he received his Twenty-Five-Year Service Award Key

His daily average overtime for February, 2'29"; March, 1'57".

On 3-31-72 he was rated EXCELLENT and comments reflected he worked full-time in security and racial matters. He handled the most complicated matters with a minimum of supervision. He was not interested in administrative advancement.

His daily average overtime for April, 2'9"; May, 2'3"; June, 2'17"; July, 1'50"; August, 1'57"; September, 1'53"; October, 1'54".

b6
b7C
b7D

On 1-7-73 he received a Basic Increase to \$25,613 per annum.

On 2-15-73.

[redacted] furnished confidential information that [redacted] had an alcohol problem and [redacted]

[redacted] This matter was considered by memorandum 2-23-73, T. J. Feeney to Mr. Callahan which pointed out that [redacted]

RE: SA JOSEPH F. CONDON (continued)

[redacted] It was approved that if an alcoholism problem did exist we treat it solely as an illness under the provisions of PL 91-616 and not as a disciplinary matter, all assistance possible be offered and that SA Condon be confronted by his SAC and specifically asked whether or not he had a drinking problem, and if it existed, he seek medical treatment until such time we can be assured that no problem exists and he was fully capable of performing all his duties. By airtel 3-2-73, SAC, Whaley, Albuquerque reported that on 2-28-73 he discussed this matter with SA Condon who stated that although he had a drink from time to time he did not believe he had a serious problem. He agreed to explain to his private physician that there was a possibility of his having such a problem and have a complete and thorough examination. By airtel 3-22-73, SAC Whaley advised he had a thorough exam on 3-9-73, and discussed the exam on 3-21-73 with his personal physician [redacted]

[redacted] who stated there was no question that SA Condon had been drinking heavily but fortunately all of the tests came out normal with the exception of his liver. The test on the liver showed some damage. SA Condon agreed with the doctor's instructions that he completely discontinue drinking any alcoholic beverages, including beer. He was told that if he didn't do this something drastic could happen at any time. SA Condon was scheduled for another exam in 3 months to see if there had been an improvement in his liver condition. The SAC stated he had noted a definite improvement in SA Condon's appearance and felt he was being truthful in saying that he had given up drinking.

On 3-31-73, he was rated EXCELLENT with comments he was one of the most experienced security Agents in the Albuquerque Division. He worked full-time on these important cases and handled all these matters promptly, thoroughly and in an accurate manner. He required a minimum of supervision. He was currently handling 1 Security Informant, 1 Potential Security Informant, 1 Extremist Ghetto and had 1 Extremist Ghetto under development. He was available for general and special assignment. He was not interested in administrative advancement.

b6
b7C

By airtel 8-8-73, SAC, Albuquerque advised he had contacted [redacted] and was advised he had recently seen SA Condon and Condon said he had taken a few drinks from time to time. The doctor said he was disappointed but since this did not appear to be effecting Mr. Condon there would be no reason for him to have another examination. SA Condon's work was discussed with his supervisor. There had been no reduction in the amount of work he performed and that the quality of his work had not decreased. In other words, he still continued to do an excellent job. The SAC talked with SA Condon this date and he advised he felt fine and had no intention of ever becoming a heavy drinker again. He assured the SAC that he felt good and that he was able to do his job.

On 10-14-73, he received a Basic Salary Increase to \$26,878 per annum in GS-13.

RE: SA JOSEPH F. CONDON (continued)

On 3-31-74, he was rated EXCELLENT with comments he had handled primarily security matters. His tremendous experience in these important cases enabled him to do an excellent job and he conducted his investigations thoroughly and was thoroughly conversant in the proper reporting procedures. He required a minimum of supervision. He was currently handling 1 Potential Security Informant. He was available for general and special assignment. He was not interested in administrative advancement.

FBI PERSONNEL STATUS FORM

TO: DIRECTOR, FBI

(Please type or print clearly)

DATE 1/17/75

MY STATUS WITH RESPECT TO THE ITEMS BELOW IS AS FOLLOWS:

(A) NAME (Last, first, middle as it appears on Bureau Rolls) CONDON, JOSEPH F. (B) DATE OF BIRTH 3/16/20 (C) SOCIAL SECURITY NUMBER 072-12-9337

(D) MARITAL STATUS: ☐ SINGLE ☒ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOW ☐ WIDOWER

SPOUSE: NAME (maiden if female)

AGE

RESIDENCE ADDRESS IF IT DIFFERS FROM YOURS

PLACE OF EMPLOYMENT

(E) NAMES OF YOUR IMMEDIATE RELATIVES: (if deceased, so state) (use supplemental sheet if necessary)

1. CHILDREN, STEPCHILDREN, THEIR SPOUSES RELATIONSHIP AGE (if known) RESIDENCE (City and State) (if known)

Albuquerque, NM
Albuquerque, NM
Albuquerque, NM
Albuquerque, NMb6
b7C

2. PARENTS (including foster parents, stepparents, guardian, etc.), BROTHERS, SISTERS & THEIR SPOUSES RELATIONSHIP AGE (if known) RESIDENCE (City and State) (if known)

JAMES & MARGARET CONDON
JAMES CONDONPARENTS
BROTHERDeceased
DeceasedOmaha, Neb.
New York, NY
New York, NY

3. YOUR SPOUSE'S PARENTS, BROTHERS & SISTERS RELATIONSHIP AGE (if known) RESIDENCE (City and State) (if known)

GEORGE & MARCELLA HUBERT

PARENTS

Deceased
Etna, Pa.

67-NOT RECORDED

10 FEB 5 1975

(OVER)

3/ dyk

(Please type or print)

Name (As it appears on Bureau rolls) Joseph F. Condon Date July 25, 1960
Check one: SA ☒ SAA ☐ Date of Birth March 16, 1920 EOD Jan. 20, 1947

Education

Name of School	Location	Dates		Degree (Give descriptive title, i.e., BS in Civil Eng.)
		From	To	
College <u>St. Joseph's</u>	<u>Yonkers, N.Y.</u>	<u>1936</u>	<u>1940</u>	<u>BA - See application</u> Major <u>Philosophy</u> Minor <u>History</u>
Graduate School				Major _____ Minor _____
Miscellaneous or Special Schools (Include Vocational and Radio Schools)				

List all college courses studied in mathematics, engineering and sciences, including chemistry, physics, biology, radio, communications, etc., regardless whether degree obtained. (Use supplemental sheet if necessary.)

Course	Hours	Course	Hours	Course	Hours	Course	Hours
Analytical Geometry	1 yr						
Chemistry	2 yrs						
Physics	1 yr						

BARS: Federal _____ Year _____ State _____ Year _____ CPA (State) _____ Year _____
Other _____

Foreign Language and Dialects

(Evaluate your proficiency in each phase as Excellent, Very Good, Good, Fair, or Unsatisfactory.)

Name of Language	Read	Write	Speak	Understand	Translate
<u>French</u>	<u>Fair</u>	<u>Fair</u>	<u>Fair</u>	<u>Fair</u>	<u>Fair</u>
<u>Spanish</u>	<u>Unsatisfactory</u>	<u>Unsatisfactory</u>	<u>Unsatisfactory</u>	<u>Unsatisfactory</u>	<u>Unsatisfactory</u>

Source of Proficiency

Name of Language	Native Tongue	Bureau School	Academic	No. Yrs. Studied	Foreign Assignment	Bur. Test Taken	
						Yes	No
French			x	5 years			
Spanish			x	1 year			

If you can handle any foreign language or languages fluently with little or no hesitation, and without use of a dictionary specify same.

If you have had any TRAINING or EXPERIENCE in the writing field including newspaper reporting, writing for a periodical, and creative writing of any kind, set forth as follows:

Training College Courses	No. of Hours	Experience	Period of Experience
<u>None</u>			
<u>None</u>			

Previous Employment

Type of work and in what capacity	Proficiency	Period of Experience
<i>* Clerk - New York Public Library</i>	<i>Excellent</i>	<i>2 years</i>
<i>Counselor - Summer camp</i>	<i>Excellent</i>	<i>2 years</i>
<i>Stock Control Supervisor Andrews Air Force Base</i>	<i>Excellent</i>	<i>1 year</i>

Vocations and Avocations

(Give detailed information regarding any special knowledge, abilities, talents, hobbies, trades, etc., you possess, including athletics.)

Vocation or Avocation	Professional	Amateur	Proficiency	Period of Experience
<i>Golf</i>		<i>x</i>	<i>Fair</i>	<i>5 years</i>

If you feel your experience in any of your previous employments, vocations or avocations is sufficient so that you could use it as a cover in an undercover assignment, identify same.

None

Foreign Travel

List all foreign countries you have traveled in; in what capacity, and period there.

None

Military Training

Active duty: Branch *U. S. Air Force* Dates of Service *Jan. 7, 1942* Rank *Dec 5, 1945*

Specialized Military Training _____

Are you interested in Foreign Assignment? ☒ Yes ☐ No Location desired *Mexico City*

Typing ability *40* W.P.M. Have you passed Bureau test? ☐ Yes ☒ No

Shorthand ability *None* W.P.M. Have you passed Bureau test? ☐ Yes ☐ No

Name of Shorthand system you use _____

Practical Experience in Radio

(State degree of proficiency and length of time spent)

Amateur Radio _____ Licenses Held _____

Commercial Radio Operator _____

Radio, Television or Sound Repairman or Technician _____

Experimenter or other _____

International Morse Code: Transmit _____ W.P.M. Receive _____ W.P.M.

Technical Knowledge of any Electronic Devices _____

Miscellaneous

List any other information, qualifications and accomplishments.

DOC LAB NOTE

ITEM (S)

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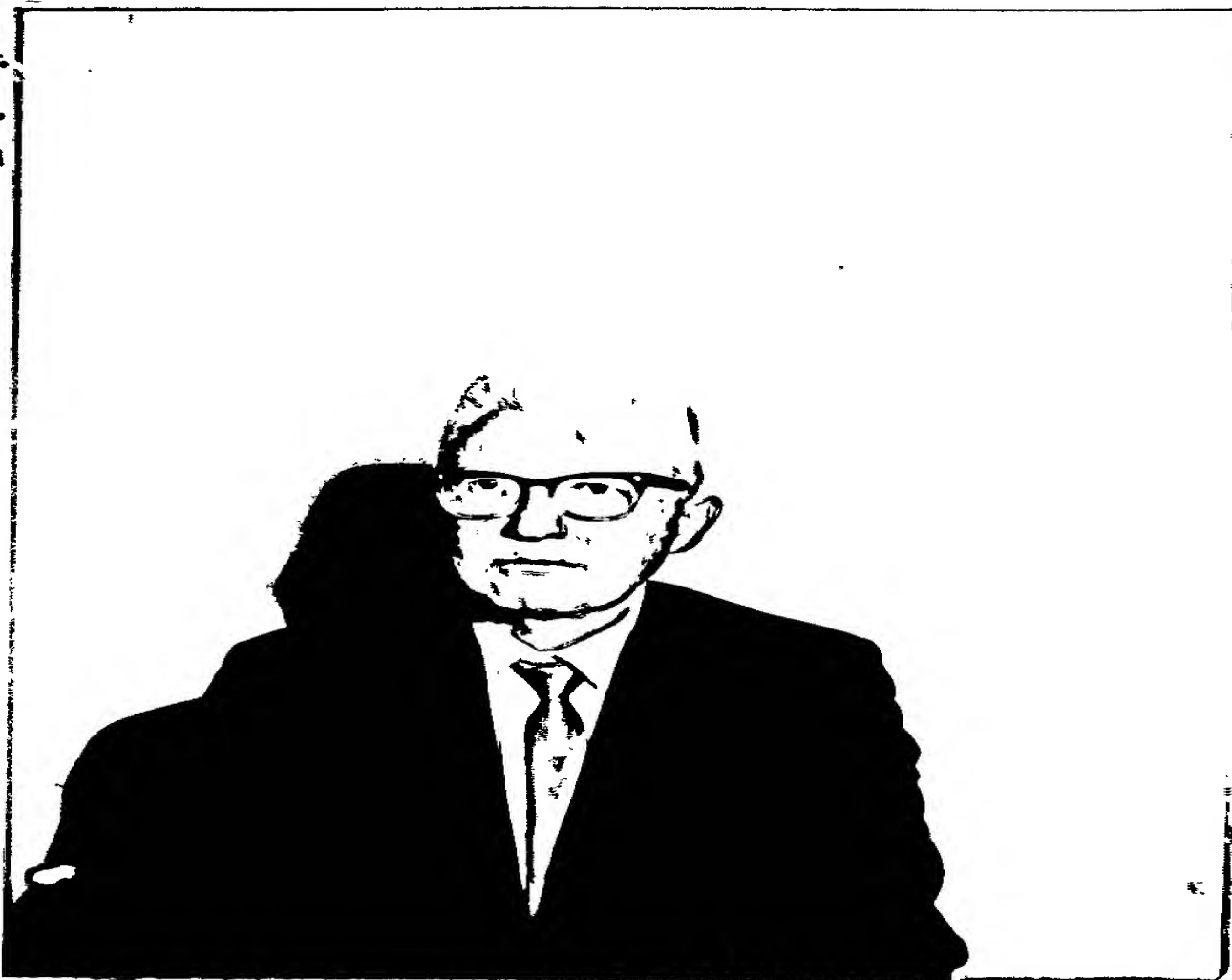
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DESCRIPTION

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JOSEPH F. C ONDON.
12-15-62



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Joseph F. Condon

JOSEPH F. CONDON
3-71

Received

1971



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1991

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JOSEPH F. CONDON

8/17/49
E. N. R.

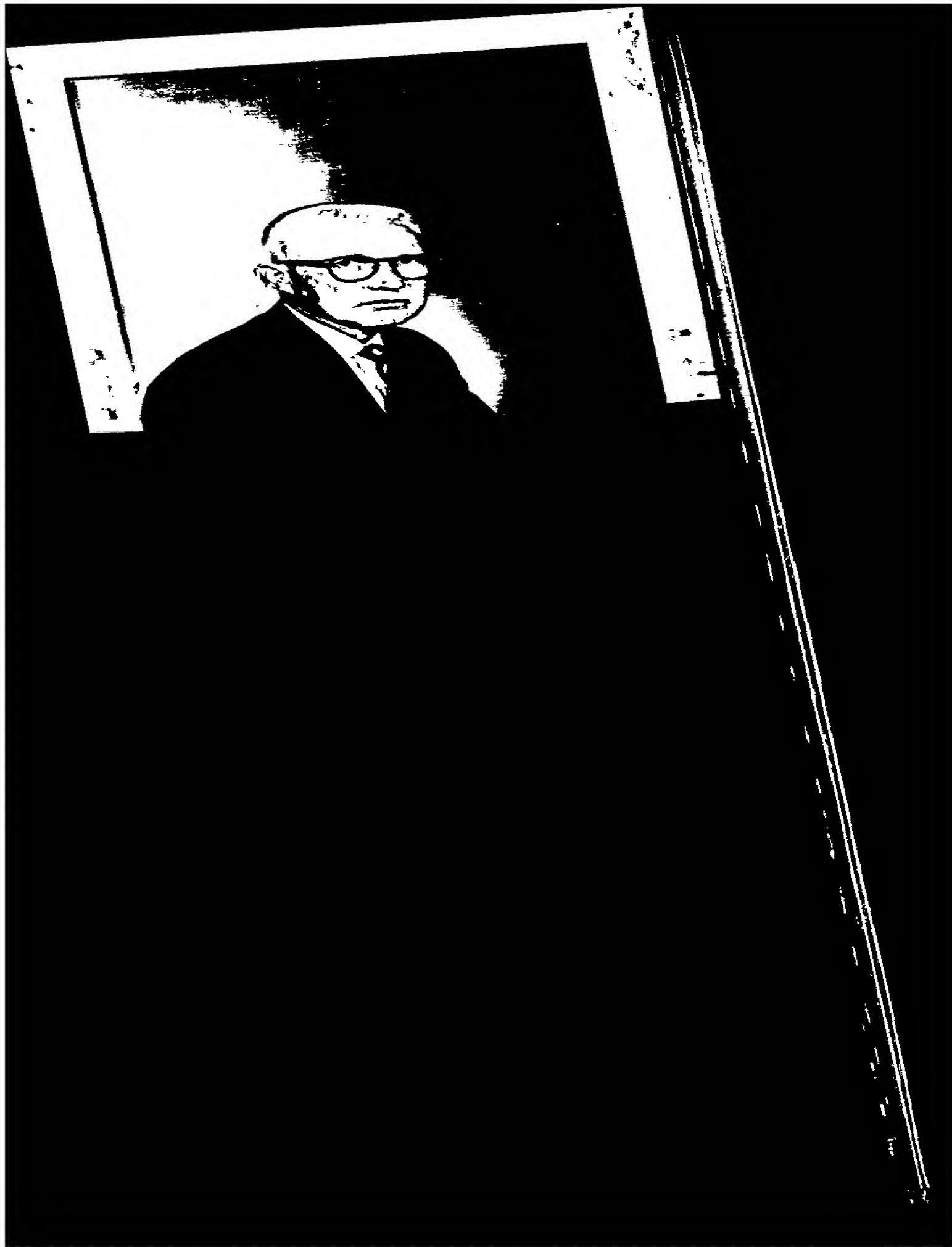


Joseph F. Condon
5-68



Joseph F. Condon
4-8-66

5-29-68



#56

JOSEPH F. CONDON

5-64



Joseph T. Condon

AUG 2 1961



/ Jos. F. Candow

7-1-58



JOSEPH

F.

CONDON

JUN

1952

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Joseph F. Condon

JUL 1 1955

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ITEM (S)

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DESCRIPTION

Negative

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
APPLICATION FOR EMPLOYMENT

FD-140

Wash

DIRECTOR,
FEDERAL BUREAU OF INVESTIGATION,
UNITED STATES DEPARTMENT OF JUSTICE,
WASHINGTON, D. C.

Sir:

I hereby make application for employment in the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent Language
Special Agent (Law Trained) ☒ **
Special Agent (Accountant) ☒ **
Stenographer ☐
Typist ☐
Translator ☐
Messenger ☐
Laboratory Technician ☐ **
Student Fingerprint Classifier ☐
Clerk ☐

(This application should be typewritten if possible) (Indicate by check)

1. Name in full (please print) CONDON JOSEPH FRANCIS
(Family name) (Given name) (Middle name)
- (a) Female applicants must furnish maiden name _____
2. Legal Residence 1245 Park Avenue, New York 29, New York
3. Mail and telegraphic address 202 4th St. S.E. Wash. D.C. Phone No. Lincoln 2109
4. Complete date of birth 3/16/20 Weight 150 lbs. Height 5'9"
5. Place of birth New York New York New York
(city) (County) (State)
6. (a) Father's name JAMES (b) Father's birthplace Ireland
- (c) Present address 1245 Park Ave. NY (d) If foreign born, is he a citizen? Yes
- (e) Date and place of naturalization 1913, New York City
7. (a) Mother's name MARGARET (b) Mother's birthplace Ireland
- (c) Present address 1245 Park Ave. NY (d) If foreign born, is she a citizen? Yes
- (e) Date and place of naturalization Naturalized by marriage
8. Brothers JAMES P. CONDON New York, New York
(Complete names, birthplaces and present addresses)
Present addr. - Seminary of Our Lady of Angels, Niagara Univ.
Niagara NY
9. Sisters [redacted] New York, New York
(Complete names, birthplaces and present addresses)
Present addr. - [redacted] NYC
10. If you were not born in United States, how long have you lived here? 4-14-04-1
11. Are you a citizen of the United States? Yes
12. If naturalized, date and place of naturalization - Numbered 68
13. Are you single, married, widowed, separated, or divorced? Single 1 NOV 1 1945
14. (a) Maiden name of wife _____ (b) Wife's birthplace _____
- (c) Present address _____ (d) If foreign born, is she a citizen? _____
- (e) Date and place of naturalization _____
15. (a) Husband's complete name _____ (b) Husband's birthplace _____
- (c) Present address _____ (d) If foreign born, is he a citizen? _____

*Specify exact title of position sought as Laboratory Technician,
positions of Special Agent (Law Trained), Special Agent (Accountant),
Laboratory Technician, and Messenger for SAs applicants only.
See details on separate description sheets which will be furnished on request.

- (e) Date and place of naturalization.....
16. (a) Father-in-law's name..... (b) Birthplace.....
 (c) Present address..... (d) If foreign born, is he a citizen?.....
 (e) Date and place of naturalization.....
17. (a) Mother-in-law's name..... (b) Birthplace.....
 (c) Present address..... (d) If foreign born, is she a citizen?.....
 (e) Date and place of naturalization.....
18. Brothers-in-law.....
 (Complete names, birthplaces and present addresses)
19. Sisters-in-law.....
 (Complete names, birthplaces and present addresses)
20. If your husband (or wife) is employed, state where employed.....
21. Number of children, if any.....
22. Are you entirely dependent on your salary? Yes.....
23. To what extent are you financially indebted to others and to whom? None.....
24. Education: (Please print.)

	NAME AND LOCATION OF SCHOOL	FROM-	TO-	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary.....	St. Francis de Sales..... 116 E. 97 St., NYC Name Address	1925	1932	Diploma
(b) High school equivalent.....	Power Memorial, NYC Cathedral College, Name 555 West End Ave, NYC Address St. Joseph's Seminary, Yonkers, NY	1/1933	9/1934	
(c) College or technical.....	George Washington Univ. Washington, D.C.	9/1933	6/1938	B.A.
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing	French; speaking, good; reading, good; writing, good; Spanish; speaking, fair; reading, good; writing, good.	1/46	to date	
(e) Miscellaneous.....	52 hours Army Air Force Supervisory training			Certificate

25. Give names of clubs, societies, and other similar organizations of which you are a member:

26. Have you been admitted to the Bar, if so specify No

27. Describe any physical defects, including extent of defective vision, if any, with and without

Applicants for Laboratory Technician positions should list in detail scientific courses pursued, including an inventory of new, say, and give title of any Master's or Doctor's Thesis prepared.

"EXHIBIT "A"

I

From January 1946 to date I have been employed as Stock Control Supervisor in the AAF Supply Office at Andrews Field, Washington, 20, D/ C. My duties include the establishment and maintenance of stock levels for approximately twenty thousand items of Air Corps equipment; directing the work of an inventory team; maintaining a record of all property used by base offices and maintenance shops; supervision of the Cost Accounting section; and complete charge of the Surplus Property disposal program in conjunction with the base Salvage Officer and the War Assets Administration.

II

From January 1942 to December 1945 I was on active military service with the U. S. Army Air Forces. I was promoted from Private to Master Sergeant in less than two years, which rank I held until my discharge. My military experience includes two years warehousing and material inspection; one year as Assistant Chief Clerk and one year as Property Accounting Supervisor in a sub-depot Supply Office, performing duties as outlined in Section I.

III

From February 1941 to January 1942 I was employed in the New York office of Zonite Products Corporation. My duties included routing mail and interoffice correspondence and maintaining a stock of company products and office supplies. I also operated a ditto and mimeograph machine.

IV

During the summers of 1939 and 1940 I was employed as counselor at Camp Hayes, Port Jervis, N. Y. I was responsible for the care of twelve boys, aged six to eight, and for instructing them in athletics, handicraft, etc.

V

From August 1936 to July 1938, I was employed as a Page in the Main Reading Room of the New York Public Library. Working twenty hours a week in the evening, while attending school, I delivered books to and collected them from readers who were using them.

glasses (Shellen) Without glasses - 20/40; 20/50
With glasses - 20/20; 20/20

28. Health record for the past 3 years (give number of days and nature of serious illness):
No serious illness

29. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM-	TO-	ANNUAL SALARY
Name AAE Supply Office Address Andrews Field, Wash. DC	Stock control supervisor	Jan. 1946	now to date	\$3,021.00
Name United States Army Address	Doc	Jan. 1942	Dec. 1945	\$1,620.00
Name Zonite Products Corp. Address 370 Lex. Ave., NYC	clerk	Feb. 1941	Jan. 1942	\$936.00
Name Catholic Charities Address (Camp Hayes) 35 E. 51 St. NYC	counselor	June 1939	Sept. 1940	\$75 per season
Name NY Public Library Address 42nd St. & 5th Ave., NYC	Page	Aug. 1936	July 1938	\$300
Name Address				
Name Address				
Name Address				
Name Address				

30. Specify any arrests (include traffic arrests) None

31. Specify any arrests of immediate family None

32. Have you ever been a defendant in any court action? No

Specify:

33. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women, including your family physician, if you have one, of good standing in the community, and who have known you well during the past 5 or more years. (Please print)

NAME	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS
1. MICHAEL DONOHUE	1245 Park Ave., NYC	25	
2. MATTHEW GARVEY	904 Ogden Ave., Bronx	15	
3. THOMAS WALSH	41 Vine St., NY Manchester, Mass.	15	War Assets Admin. Boston, Mass.
4. PATRICK J. SHANNON	177 E. 93rd Street, NYC	15	
5. REV. JOHN T. PARKIN	221 W. 107 St., NYC		Same

34. Give residence addresses and dates of residence for the past ten years.

1245 Park Avenue, New York City

U. S. Army - 1942 - 1945

202 4th Street, S.E., Washington, D. C. *Del*

35. List the names of any relative now in the Government service, with the degree of relationship,

and where employed: Father, James, U. S. Post Office, E. 97 Street, NYC.

Sister, Catherine T., FBI, New York City *Stens, N. Y.*

Names of any friends or acquaintances who are employed in the Federal Bureau of Investigation: *SA William Leach, DC*

36. Give dates and branch of military service, if any, also type of discharge received and basis for it, also military serial number. *1/7/42 to 12/15/45*

U.S. Army Air Forces honorable discharge received on points:

ASN 32188225

36a. Do you claim veteran's preference? If so, give basis. *Yes*

Honorable Discharge

Do you now have any service disability? If so, give percentage. *No*

37. What is the lowest entrance salary you will accept? *\$4,100.00*

38. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? *Yes - two weeks notice*

39. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? *Yes*

40. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? *Yes*

41. Attach unmounted full face photograph not larger than 3 by 4 1/4 inches. Write your name plainly on back of photograph. Photograph to be taken not more than 30 days prior to date of application.
(Application will not be considered complete if such photograph not furnished)



Respectfully,

Joseph J. Condon
(Signature of applicant as usually written)

NOTE.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

Note.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U. S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this *26* day of *October*, 19*46*, at city (or town) of *Washington*, county of *D.C.*, and State (or Territory or District) of *Columbia*

[OFFICIAL IMPRESSION SEAL]

Henry H. [Signature]
(Signature of officer)

My commission expires *Feb. 14, 1948*

Application will not be considered complete if above jurat not executed.

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 8/2/63

FROM : SAC, PHOENIX (67-8)

SUBJECT: JOSEPH F. CONDON
SPECIAL AGENT

Mr. Tolson	
Mr. Belmont	✓
Mr. Mohr	
Mr. Casper	
Mr. Callahan	✓
Mr. Conrad	
Mr. DeLoach	✓
Mr. Evans	✓
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	✓
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

Please be advised that the above-named agent did an outstanding job in his presentation at the Workshop on Communism held at the Arizona State College in Flagstaff, Arizona. I personally observed this presentation and considered it outstanding. Mr. Ted Wallace, City Councilman of the City of Kingman, and also head of the Kingman School District School of Social Studies, as well as a member of the Workshop, made a special point of contacting me after Mr. Condon's presentation to tell me that the comments he had heard from many members of the class correspond with his own feeling that this was the outstanding feature of the two-week workshop. I wanted you to know of the fine performance of SA Condon as I feel he represented the Bureau in an outstanding fashion.

2 - Bureau
1 - Phoenix (67-8)

ELB-kb
(3)

REG-145

67- 414041-155
Searched _____ Numbered _____
1 AUG 12 1963

REC'D - JUSTICE
AUG 12 1963

EXP. PROC.
AUG 6 1963

46
AUG 14 1963

TH

August 13, 1963

[redacted]
Flagstaff, Arizona 86001

Dear Mr. Manning:

I received your letter of August 5th concerning the address of Special Agent Joseph F. Condon at Arizona State College.

It was thoughtful of you to write me, and I am glad you found Mr. Condon's remarks of benefit. You may be sure he enjoyed speaking to your group, and he joins me in thanking you for your very complimentary remarks.

b6
b7C

Sincerely yours,

1 - Mr. Sullivan - Enclosure
Attention SA Joseph F. Condon

① - Personnel file of SA Joseph F. Condon - Enclosure

NOTE: [redacted] is a graduate in good standing of the 1st Session of the FBI National Academy, July - October, 1935. SA Condon addressed Arizona State College on August 1, 1963, and he is assigned to the Domestic Intelligence Division.

DFC:ple
(5)

DUPLICATE YELLOW

67-NOT RECORDED
JUL 16 1963

[redacted]
Flagstaff, Arizona
86001

August 5, 1963

b6
b7C

Mr. J. Edgar Hoover, Director
Federal Bureau of Investigation
Washington, D. C.

Dear Director:

Last Thursday, August 1st, I attended the session on Communism at Arizona State College here in Flagstaff, Joseph F. Condon of your office was the principle speaker. And what a fine talk he gave! He spoke on the conspiracy and menace of Communism to a capacity audience of teachers and residents..

His talk was forthright, easy to understand, and educational. It was splendid!

I had enrolled for this course, but dropped after three four-hour sessions because the course seemed to be slanted mostly toward an historical and philosophical study. I had had hopes that it would reveal the methods used to attain their clandestine objectives. I now have hopes that when these 39 teachers from six states start to teach high school students they will emphasize the factors Mr. Condon pointed out, rather than Marxism or Leninism.

[redacted] Summer Workshop, announced at the opening session that the course was subsidized by the American Bar Association.

My interest in this subject and Mr. Condon's fine talk prompted this letter.

Cordially,

[redacted]
[redacted]
NAA - 1st Class [redacted]

FJM/pan

September 16, 1963

**Vice Admiral Roy A. Gano, USN
Commander
Military Sea Transportation Service
Department of the Navy
Washington 25, D. C.**

Dear Admiral Gano:

Your letter of September 9th concerning the assistance rendered your Command by Special Agents of this Bureau has been received.

I appreciate your thoughtfulness in writing, and I am glad we were able to contribute to the success of your training program. You may be sure my associates enjoyed filling this assignment, and they join me in thanking you for your very complimentary remarks.

Sincerely yours,

**3 - Assistant Director W. C. Sullivan - Enclosures (3)
Attention SAs Joseph F. Condon, Arbor W. Gray, and**

**1 - Assistant Director J. J. Casper - Enclosure
Attention SA William M. Mooney**

1 - Personnel File of Joseph F. Condon - Enclosure

1 - Personnel File of Arbor W. Gray - Enclosure

1 - Personnel File of [redacted] - Enclosure

1 - Personnel File of William M. Mooney - Enclosure

b6
b7c

DPC:j (11)

See Note Next Page.

84-13

67-NOV

3 SEP 20 1963

DUPLICATE YELLOW

Vice Admiral Roy A. Gano, USN

NOTE: Bufiles contain no derogatory information concerning Admiral Gano and we have had prior cordial correspondence, last outgoing 3-17-82. Zip code number was not used as it is not available for this branch of the Department of the Navy.



DEPARTMENT OF THE NAVY
MILITARY SEA TRANSPORTATION SERVICE
WASHINGTON 25, D. C.

ADDRESS REPLY TO COMMANDER
MILITARY SEA TRANSPORTATION SERVICE
NOT TO THE SIGNER OF THIS LETTER

REFER TO

My dear Mr. Hoover:

During Fiscal Year 1963, four members of your staff rendered valuable training assistance to this Command in providing MSTS Naval Reservists attending the COMSTS "Command Ocean Transportation Course" with presentations on both "Communism" and "Criminal Jurisdiction". These presentations were made by Special Agent J. F. CONDON, who has been recognized for the third consecutive year for participating in this training program; and by Special Agents Arbor, W. GREY and William M. MOONEY, also extremely effective speakers. In addition, Special Agent [redacted] again this year ably assisted in coordinating the scheduling of these presentations.

b6
b7C

Each MSTS Naval Reserve Officer attending this Course was asked to evaluate the various presentations through a written critique. These officers consistently found the presentations given by your staff members to be outstanding in every respect, and a most important feature of their training duty. Comments from the MSTS Naval Reservists indicate that the presentations were considered valuable in acquainting them with the problems and duties relative to their mobilization assignments. The zeal and enthusiasm displayed in conducting these briefings was also a subject of comment.

I deeply appreciate the cooperation received and request that the gentlemen concerned be extended congratulations on a job "well done." They may be justly proud of their contribution to the Naval Reserve training program of the Military Sea Transportation Service, in better preparing the MSTS Naval Reservists to meet the varied exigencies of the future.

Sincerely yours,

Honorable J. Edgar Hoover
Director, Federal Bureau of Investigation
Washington 25, D. C.

ROY A. GANO
Vice Admiral, USN
Commander Military Sea Transportation Service

September 18, 1963

Colonel Phillip B. Davidson, Jr., AIS
Commanding
Headquarters
U. S. Army Security Agency Training
Center and School
Fort Devens, Massachusetts

Dear Colonel Davidson:

Your letter of September 11th concerning the address of Special Agent Joseph F. Condon at the U. S. Army Security Agency Officer Career Course has been received.

It was good of you to write, and I am glad you found his remarks of benefit. You may be sure it was a pleasure to designate Mr. Condon to fill this engagement, and he joins me in thanking you for your favorable comments.

Sincerely yours,

1 - Assistant Director William C. Sullivan - Enclosure
ATTENTION SA Joseph F. Condon

① - Personnel File of SA Joseph F. Condon - Enclosure

NOTE: Bufiles contain no derogatory information concerning Colonel Davidson.
SA Condon made the above address on September 5th.

DFC:ped (6)

DUPLICATE YELLOW

6 - NOT RECORDED

5 SEP 28 1963

27



HEADQUARTERS
UNITED STATES ARMY SECURITY AGENCY TRAINING CENTER AND SCHOOL
FORT DEVENS, MASSACHUSETTS

IAT10P

11 September 1963

Mr. Callahan	✓
Mr. Conrad	✓
Mr. DeLoach	✓
Mr. Evans	✓
Mr. Gale	✓
Mr. Rosen	✓
Mr. Sullivan	✓
Mr. Tavel	✓
Mr. Trotter	✓
Tele. Room	✓
Miss Holmes	✓
Miss Gandy	✓

Mr. J. Edgar Hoover, Director
Federal Bureau of Investigation
Washington 25, D. C.

Dear Mr. Hoover:

On 5 September 1963 Mr. Joseph F. Condon of your Bureau presented a lecture entitled "Communism in the United States" to the students of the US Army Security Agency Officer Career Course and members of the staff and faculty, this headquarters.

I want to commend Mr. Condon for an outstanding presentation. It was a credit in every way to your Bureau. The expert and informative coverage of the subject contributed significantly to the knowledge of those attending. Because of his grasp of the subject and his interesting manner of presentation, I should like to have Mr. Condon return to speak to next year's class, if possible. A formal invitation will be forwarded at the appropriate time.

Please convey my appreciation to Mr. Condon.

Sincerely,

Phillip B. Davidson, Jr.

PHILLIP B. DAVIDSON, JR.
Colonel, AIS
Commanding

SEP 13 1963

CORRESPONDENCE

NOTED

SEP 13 1963

November 1, 1963

Colonel Matthew C. Stewart
Assistant Commandant
U. S. Army Intelligence School
Fort Holabird
Baltimore 19, Maryland

Dear Colonel Stewart:

Your letter of October 28th concerning the address of Special Agent Joseph F. Condon to the personnel attending the Associate Military Intelligence Officer Career Course has been received.

Your thoughtfulness in writing is indeed appreciated, and I am glad his remarks were so well received. It was a pleasure for Mr. Condon to speak to your group, and he joins me in thanking you for your favorable comments.

Sincerely yours,

1 - Mr. Sullivan - Enclosure

ATTENTION SA Joseph F. Condon

① - Personnel File of SA Joseph F. Condon - Enclosure

NOTE: Bufiles contain no derogatory information concerning Colonel Stewart with whom we have had prior correspondence relative to having Bureau representatives speak at this school. Mr. Condon is assigned to the Domestic Intelligence Division and addressed this group on October 8th.

DFC:jlw (6)

ENCLOSURE YELLOW



U.S. ARMY INTELLIGENCE SCHOOL
FORT HOLABIRD, BALTIMORE 19, MARYLAND

28 October 1963

Mr. Tolson.....
Mr. Belmont.....
Mr. Mohr.....
Mr. Casper.....
Mr. Callahan.....
Mr. Conrad.....
Mr. DeLoach.....
Mr. Evans.....
Mr. Gale.....
Mr. Rosen.....
Mr. Sullivan.....
Mr. Tavel.....
Mr. Trotter.....
Tele. Room.....
Miss Holmes.....
Miss Gandy.....

efh
Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
Department of Justice
Washington 25, D. C.

Dear Mr. Hoover:

On behalf of the Staff and Faculty of the U. S. Army Intelligence School, it is a pleasure to express my appreciation for another outstanding presentation by Mr. Joseph Condon at Fort Holabird, on 8 October 1963, to personnel attending the Associate Military Intelligence Officer Career Course.

Mr. Condon's lecture presented a rare occasion for students to be apprised of the current activities and national internal security aspects concerning the Communist Party, USA. The lecture was extremely informative and of immense value to U. S. Army intelligence officers.

Thank you for your continued cooperation in our guest speaker program and please convey to Mr. Condon the appreciation of the Staff and Faculty.

Sincerely,

[Signature]
MATTHEW C. STEWART
Colonel, AIS
Assistant Commandant

14 OCT 30 1963

NOTED
[Signature]

CORRESPONDENCE

November 4, 1963

[redacted]
Nebraska State Education Association
605 South Fourteenth Street
Lincoln, Nebraska

b6
b7c

Dear [redacted]

Your thoughtfulness in writing on October 29th concerning the addresses of Special Agent Condon at your District Conventions in Omaha and Alliance is appreciated. It was a pleasure to designate him to fill these engagements, and he joins me in thanking you for your complimentary remarks.

Sincerely yours,

1 - Mr. Sullivan - Enclosure

1 - Attention SA Joseph F. Condon
1 - Personnel File of Special Agent Joseph F. Condon - Enclosure

NOTE: Bufiles contain no derogatory information concerning [redacted] and we have had prior cordial correspondence with him, last outgoing 3-8-63. SA Condon addressed these groups on Oct 24th and 25th. He is assigned to the Domestic Intelligence Division.

DFC:rsp (6)



Nebraska State Education Association

605 SOUTH FOURTEENTH STREET • LINCOLN, NEBRASKA • TELEPHONE 432-1055

Mr. Tolson	_____
Mr. Belmont	_____
Mr. Mohr	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. DeLoach	_____
Mr. Evans	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

October 29, 1963

Mr. J. Edgar Hoover
Federal Bureau of Investigation
Washington 25, D. C.

Dear Mr. Hoover:

Just a note to express our most sincere appreciation for the fine job which Mr. Condon did at our District Conventions in Omaha and Alliance. His efforts and your willingness to release one of your staff members for this assignment are most appreciated.

Sincerely yours,

b6
b7C

Executive Secretary

JEL:ds

EXP. PROC.
32 OCT 31 1963

10 OCT 31 1963

CORRESPONDENCE
NOTED
[Signature]

Colonel Matthew C. Stewart
Assistant Commandant
U. S. Army Intelligence School
Fort Holabird
Baltimore, Maryland 21234

I have received your letters of November 20th concerning the addresses delivered by Messrs. Condon and Whitsan at Fort Holabird on November 7th.

Sincerely yours,

- 1 - Baltimore - Enclosures (2)
2 - Mr. Sullivan - Enclosures (2)
① - Personnel File of SA Joseph F. Condon - Enclosures (2)
1 - Personnel File of SA Lish Whitson - Enclosures (2)

(8)

1927 DUPLICATE YELLOW

20 November 1963

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
U. S. Department of Justice
Washington 25, D. C.

Dear Mr. Hoover:

It is a pleasure to express the appreciation of the Staff and Faculty for the presentation at Fort Holabird, on 7 November 1963, by Mr. Joseph F. Condon, on the topic, "FBI Information on the CPUSA."

Mr. Condon's commentary concerning personalities, activities, strength and organization of the Communist Party, USA, was highly interesting and of considerable value to our Career Course students. Of particular concern were the speaker's comments pertaining to the Party's efforts to form a new nationwide youth group and to recruit young people into the CPUSA.

Your continued cooperation in our guest speaker program is most appreciated. Would you please convey to Mr. Condon the thanks and appreciation of the Staff and Faculty.

Sincerely,

MATTHEW C. STEWART
Colonel, AIS
Assistant Commandant

20 November 1963

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
U. S. Department of Justice
Washington 25, D. C.

Dear Mr. Hoover:

On behalf of the Staff and Faculty of the U. S. Army Intelligence School, it is a pleasure to express my appreciation for the highly beneficial presentation by Mr. Lish Whitson at Fort Holabird, on 7 November 1963, to personnel attending the Military Intelligence Officer Career Course.

Mr. Whitson thoroughly acquainted the students with the organization and activities of the Soviet and Soviet-satellite intelligence agencies in the United States. The numerous specific examples cited by Mr. Whitson were particularly interesting and contributed to the effectiveness of the presentation. The speaker's wealth of background knowledge enabled him to answer the many questions posed by the students at the conclusion of the lecture.

Thank you for making Mr. Whitson available to give this presentation and please convey to him the thanks and appreciation of the Staff and Faculty. It is hoped that we shall be privileged to have him address future classes here at the Intelligence School.

Sincerely,

MATTHEW C. STEWART
Colonel, AIS
Assistant Commandant

REPORT OF MEDICAL EXAMINATION

5

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME LONDON JOSEPH FRANCIS		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT FBI	3. IDENTIFICATION NUMBER F.B.I.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL PHYSICAL	6. DATE OF EXAMINATION 11/4/63
7. SEX MALE	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY	11. ORGANIZATION UNIT
9. DATE OF BIRTH MARCH 16, 1920	13. PLACE OF BIRTH NEW YORK, N.Y.	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 70 and 71)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated paralytic move- ments, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Knee joint) (Strength, range of motion)	
	38. SPINE—OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

3 ENCLOSURE
att.
REC-133

67-414041-156
Searched _____ Numbered _____
5 DEC 6 1963

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Type 3 Class 1 no defects noted																																																																											
<p>○—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX—Replaced by dentures</p> <table border="1"> <tr> <td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>X</td><td>L</td> </tr> <tr> <td>G</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>X</td><td>E</td> </tr> <tr> <td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>F</td> </tr> <tr> <td>T</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>T</td> </tr> </table>			R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	X	L	G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	X	E	H																		F	T	X																X
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	X	L																																																											
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	X	E																																																											
H																		F																																																											
T	X																X	T																																																											

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN neg	D. MICROSCOPIC neg	20354-63 - See Report	
C. SUGAR neg	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

DEC 10 1963

3/24

MEASUREMENTS AND OTHER FINDINGS																											
51. HEIGHT 168		52. WEIGHT 143		53. COLOR HAIR GREY		54. COLOR EYES BLUE		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE																
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																					
A. SITTING SYS. 123 DIAS. 82		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 88		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.													
59. DISTANT VISION						60. REFRACTION						61. 75" NEAR VISION															
RIGHT 20/ 10				CORR. TO 20/ 15				BY S.				OX				20/10 CORR. TO 20/10 BY Lens											
LEFT 20/ 70				CORR. TO 20/ 20				BY S.				OX				20/10 CORR. TO 20/6 BY Lens											
62. METEOROPHORIA (Specify distance)												ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD	
63. ACCOMMODATION						64. COLOR VISION (Test used and result) 18/18						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED		CORRECTED							
RIGHT LEFT						AOC 1940																					
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION									
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)															
RIGHT WY 15/15 SV 15/15						250 500 1000 2000 3000 4000 6000 8000																					
LEFT WY 15/15 SV 15/15						RIGHT																					
						LEFT																					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

REC'D - ADMIN.
 FBI
 NOV 29 12 53 PM '63

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE							
						P U L H E S							
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY							
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR													
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER													
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE						b6 b7C	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE							
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE							
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE						NUMBER OF ATTACHED SHEETS	

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME CANDON JOSEPH FRANCIS		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 4809 TANEY AVE. ALEXANDRIA, VA		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11/4/63	
7. SEX MALE	8. RACE WHITE	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN		10. DEPARTMENT, AGENCY, OR SERVICE	
11. ORGANIZATION UNIT		12. DATE OF BIRTH MAR. 16, 1920		13. PLACE OF BIRTH NEW YORK, N. Y.	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			
16. OTHER INFORMATION					
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	74	GOOD				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER		DECEASED	HEART ATTACK			<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE		GOOD				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS	41	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
AND	40	GOOD				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN	10	GOOD				<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
	8	GOOD				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	6	GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
	4	GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	(Check each item)	YES NO (Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FOOT TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		NEURITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EPILEPSY OR FITS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BED WETTING	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES	<input checked="" type="checkbox"/>

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE

67-417041-156

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
✓		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
✓		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

*Tonsillectomy - 1925 (age 5)
Deviated Septum 1952 (age 32)*

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

All items used

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

SIGNATURE

b6
b7C

NUMBER OF ATTACHED SHEETS

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

CONDON, JOSEPH FRANCIS

REGISTER NO.

FBI

WARD NO.

STAFF CLINIC

AGE

43

SEX

M

(Check one)

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

CHEST FILM

REQUESTED BY

DATE OF REQUEST

11/4/63

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

20364-63

DATE OF REPORT

4 Nov 63

RADIOGRAPHIC REPORT

A single PA projection of the chest demonstrates the heart, lungs and mediastinum to be within normal limits. There is a scoliosis of the dorsal vertebra with the convexity to the right.

WRC:tec

W. R. CONDRIN
LT MC USN

Department of Radiology
U. S. Naval Hospital

National Naval Medical Center
Bethesda 14, Maryland

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE

61-414041 156

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

CONDON
Last

JOSEPH
First

FRANCIS
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

SA Condon advised that he is to wear corrective glasses while driving a Government vehicle.

ENCLOSURE 67-118041-156

b6
b7c

12/4/63

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks:

(Signature of Medical Examiner)

4 Nov 63
 (Date)

b6
 b7C

December 18, 1963

[redacted]
Omaha, Nebraska 68104

Dear Miss Eden:

I have received your letter of December 10th regarding Mr. Condon's address before your group and his presenting you with a copy of my book, "A Study of Communism."

b6
b7C

It was indeed thoughtful of you to furnish me your comments and observations about his speech and I am glad to hear that his talk was received so well. Mr. Condon enjoyed making this appearance and appreciates, as I do, your very complimentary remarks.

Sincerely yours,

1 - Mr. Sullivan

Attention Special Agent Joseph F. Condon

① - Personnel File of SA Joseph F. Condon - Enclosure

NOTE: [redacted] is not identifiable in Bufiles. Mr. Condon addressed this group on October 24th and 25th.

DTP:sls

(6)

25
67 NOT RECORDED

8 DEC 20 1963

DUPLICATE YELLOW

N.S.E.A. District II

Vice-President, [redacted]
Sec'y. Treas., [redacted]

President, [redacted]

Past-President, [redacted]
Executive Committeeman, [redacted]

December 10, 1963

Mr. J. Edgar Hoover
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

May I take this opportunity to thank you for the very fine book, "A Study of Democracy", that was presented to me at our Annual Teachers' Convention in October by your agent, Mr. Joseph Condon. I am looking forward to spending some time with this book during the Christmas holidays.

I should like to express my appreciation and thanks to you also for permitting Mr. Condon to come to Omaha to speak to us about the vital issue--Communism. It is my belief that teachers need to be informed on this issue in order to better guide their youth in the American way of life.

Sincerely,

[redacted signature box]

gnh

[redacted]
Omaha, Nebraska 68104

NOTED
[initials]
CORRESPONDENCE

b6
b7C

218

December 19, 1963

PERSONAL

DEC 19 11 02 AM '63
REC'D-READING ROOM
FBI

Mr. Joseph F. Condon
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Condon:

I am pleased to commend you for your fine services in connection with the preparation of the report and brief incident to the investigation of the assassination of the President.

You were very diligent and competent in carrying out your particular responsibilities in these complex undertakings and through your devoted efforts you contributed in a large measure to their expeditious completion. I want you to know that I am appreciative.

Sincerely yours,

J. Edgar Hoover

67-414041-157
Searched _____ Numbered 23
1 DEC 20 1963

MAILED 11

DEC 19 1963

COMM-FBI

1 - Mr. Sullivan (Personal Attention)

1 - Miss Usilton (Sent Direct)

CTP:ej

(5)

67-414041

Based on memo Sullivan to Belmont 12-17-63.

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

January 6, 1964

Mr. George H. Lake
Federal Bureau of Investigation
Washington, D. C.

J. F. CONDON

Dear Mr. Lake:

I am taking this opportunity to commend you and, through you, the members of the Domestic Intelligence Division Streamlining Committee for your noteworthy achievements during the past six months.

Your initiative and enthusiasm as chairman of the committee were contributing factors toward these achievements. I sincerely appreciate your effective work in this important area and wish you would thank each member for his splendid services.

Sincerely yours,

1 - Mr. Sullivan (Personal Attention)

1 - Miss Usilton (Sent Direct)

ET:

(12)

67-426475

Based on memo Division Streamlining Committee-Sullivan 12/31/63.

EXPLORATION YELLOW

2443
Copies prepared and attached for placing in files of: (OVER)

JAN 15 1964

Mr. George H. Lake
Washington, D. C.


J. F. Condon


V. E. Ruehl
C. S. Shoaff

b6
b7C

January 10, 1964

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Condon:

I want to commend you for your exemplary performance in the research relative to the article entitled "The U. S. Businessman Faces the Soviet Spy," which appeared in the January-February, 1964, issue of "Harvard Business Review."

Your efficient handling of numerous and diverse technical points involved and your many valuable suggestions contributed largely to the effectiveness of this article. I do not want the opportunity to pass without expressing my appreciation for your services.

Sincerely yours,

J. Edgar Hoover

1 - Mr. Sullivan (Personal Attention)

1 - Miss Usilton (Sent Direct)

ET: *X* *my*
(5)
67-414041

Based on memo Jones-DeLoach 1/7/64

help

Tolson	_____
Belmont	_____
Mohr	_____
Casper	_____
Callahan	_____
Conrad	_____
DeLoach	_____
Evans	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

MAIL ROOM ☐ TELETYPE UNIT ☐

JAN 10 3 12 PM '64
REC'D-READING ROOM
FBI

REC-142

67-414041-158	
Searched	Numbered
1 JAN 13 1964	

Key me

up

January 20, 1964

[redacted]
Washington, D. C. 20011

b6
b7C

Dear [redacted]

I have seen your letter of January 13th addressed to Mr. Joseph F. Condon. It was certainly thoughtful of you to write him concerning his address to the Young Adults of Foundry Methodist Church. I was glad to learn that his remarks were so well received and join him in thanking you for your very kind comments.

Sincerely yours,

- 1 - Mr. Belmont - Enclosure
- ① - Personnel file of SA Joseph F. Condon - Enclosure

NOTE: There is no record of correspondent in Bureau files. On 11-1-63 [redacted] Foundry Methodist Church, Washington, D. C., requested four speakers on the subject of "Christianity and Communism" for the four Sunday evenings in January, 1964. Memo 12-4-63 Sullivan to Belmont. SA Condon spoke on the evening 1-5-64. SA Condon is assigned to the Domestic Intelligence Division.

RR:dys
(6)

67-NOV 1963
3 JAN 23 '64

DUPLICATE YELLOW

72

13 January 1964

Dear Mr. Condon,

It is with great appreciation for your most excellent discussion of the history and theories of communism that the Young Adults of Foundry Methodist Church thank you. We feel that this Forum on Christianity and Communism is definitely going to be one of our most valuable programs. Your clear and organized presentation of the basis of Communism has provoked many of us to challenge ourselves to organize our own thinking in this sphere and to be more than the complacent ^{the} citizens we so often tend to become.

Your enthusiasm and wealth

NOTED
MAR

R20

of knowledge so generously shared
with us young adults and
others of the church were
most inspiring to us. The
sincerely you and hope that
we can meet the challenges of
today's world with the zest of
true Christians.

Yours truly,

b6
b7c

Washington, D.C. 20511

ITC 1-17-64

dll

myl 1-20-64

ack
RR/dll



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>Joseph F. Condon</i>	<i>2/13/64</i>	<i>Domestic Intelligence SOG</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<i>Wife</i>

Address
<i>4809 Taney Ave., Alexandria, Va.</i>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<i>Wife</i>

Address
<i>4809 Taney Ave., Alexandria, Va.</i>

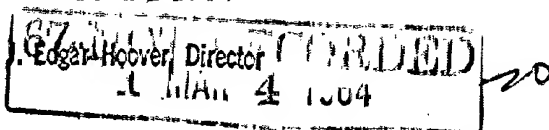
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

FEB 18 1964



Special Agent

Joseph F. Condon
Special Agent *Joseph F. Condon*

3-ecq

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. DeLoach

DATE: 1-7-64

FROM : M. A. Jones

SUBJECT: HARVARD BUSINESS REVIEW
JANUARY-FEBRUARY, 1964, ISSUE
DIRECTOR'S ARTICLE

Tolson	
Belmont	
Mohr	
Casper	
Callahan	
Conrad	
DeLoach	
Evans	
Gale	
Rosen	
Sullivan	
Tavel	
Trotter	
Tele. Room	
Holmes	
Gandy	

We have just received copies of the January-February, 1964, issue of the Harvard Business Review which contains the Director's article entitled "The U.S. Businessman Faces the Soviet Spy." This is a very comprehensive, analytical 16-page article. The theme is how Soviet agents hoodwink American businessmen and it is a definitive case study of Soviet espionage together with suggestions for counter-measures for American businessmen to help the FBI and America.

This is the most extensive and high-level article published in the foremost magazine of American business and industry. The Harvard Business Review has a circulation of 100,000 among the top echelon executives of American industry. This article is a new concept in the format of the Harvard Business Review which beforehand steadfastly published only articles of business policies or procedures.

In the research work and preliminary preparation in connection with the article SA [redacted] and [redacted] of the Crime Research Section and SA Joseph F. Condon of the Domestic Intelligence Division contributed considerable time and talent. The preparation of the article began in the Summer of 1963 and [redacted] is responsible for the personal direction as well as a good portion of the basic research. In addition, he had personal liaison with Mr. David Ewing, Associate Editor of the Harvard Business Review, concerning the article format and contents of the final manuscript. [redacted] likewise participated to a large degree in the styling of the script, together with editing and proofreading of the manuscript.

[redacted] was a constant assistant to [redacted] in the complex and comprehensive research project involved, personally participated in the voluminous proofreading and document assignments and merits credit in connection with the excellence and accuracy of [redacted]

SA Condon served in a competent liaison capacity between the Crime Records Division and the Domestic Intelligence Division, handled the review of the numerous and diverse technical points involved, and offered many valuable suggestions in regard to the structure and format of the article itself.

1 - Mr. DeLoach
1 - Mr. Belmont
1 - Mr. Callahan
1 - Mr. Sullivan

LJH:cmk

JAN 20 1964

cmk

134

25

3/2

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167-308185-2241

SEARCHED

INDEXED

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3/2

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167-308185-2241

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167-308185-2241

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134

M. A. Jones to DeLoach memo
Re: HARVARD BUSINESS REVIEW
DIRECTOR'S ARTICLE

Due to the outstanding caliber of the article, the affluent status of the Harvard Business Review and the vital need for the message of this article, it is felt that this article will reap many benefits for the FBI among top businessmen and citizen groups throughout the country.

RECOMMENDATION:

That SA [] and clerical employee []
[] of the Crime Records Division and SA Joseph F. Condon of the Domestic
Intelligence Division be commended for their splendid efforts in connection with
captioned article.

b6
b7c

Jones
E.T.
1/10/68

PM

D.17

amp
1/8

March 9, 1964

[redacted]
Foundry Methodist Church
1500 16th Street, Northwest
Washington 6, D. C.

Dear [redacted]

I have received your letter of March 4th and want to thank you for writing so favorably concerning the speeches given by my associates before your Young Adult Group. It was a pleasure to participate in this program.

You may be sure Messrs. Sullivan, [redacted] Baumgardner, Condon and Cleveland join me in expressing appreciation for your very kind remarks.

Sincerely yours,

1 - Mr. Sullivan - Enclosure

① - Personnel File - Joseph F. Condon - Enclosure

1 - Personnel File - Fred J. Baumgardner - Enclosure

1 - Personnel File - [redacted] - Enclosure

1 - Personnel File - William V. Cleveland - Enclosure

NOTE: [redacted] is reflected in Bufiles as having previously been extended courtesies by the Bureau, having been met at the airport by Bureau representatives and given a sight-seeing tour.

JBS:deh

(7)

67-NOV 1964
2 MAR 13 1964

b6
b7c

Foundry Church

(METHODIST)

1500 - 16TH STREET, N. W.

Washington 6, D. C.

MINISTERS

March 4, 1964

The Honorable J. Edgar Hoover,
Director, Federal Bureau of Investigation,
Washington, D. C.

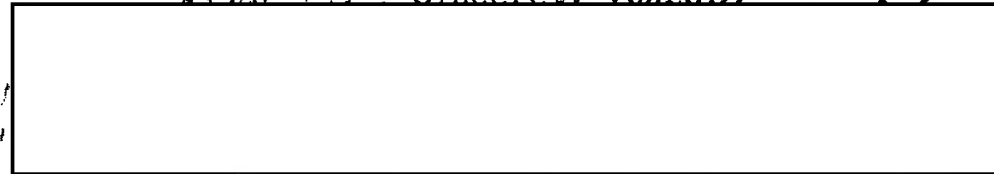
b6
b7c

Attention- Mr. William B. Cleveland

My dear Mr. Cleveland:

May I, even at this late hour, send you a genuine word of thanks for the four excellent speakers that you sent to us on Sundays in January and February to speak to our Young Adult Group. It was not possible for me to hear more than two of those lectures, but I enjoyed them immensely and the comments by the young people have been to the good. These four men all take a very fine, constructive point of view and I only wish that every American could hear them. This is a fine service that you offer, and we are deeply thankful for it.

Sincerely yours,



March 16, 1964

[redacted]
513 East Broad Street
Falls Church, Virginia 22040

b6
b7c

Dear [redacted]

I have received your letter of March 10th, also signed by Mr. Richard Gerard, relative to the series of lectures recently delivered at the Calmore and Dulin Methodist Churches by personnel of this Bureau.

It was good of you to write me concerning this, and I appreciate your thoughtfulness in furnishing me the benefit of your observations and comments. You may be sure it was a pleasure to designate Messrs. Sullivan, [redacted] and Condon to fill these engagements and I know all of them enjoyed speaking to your group. They join me in thanking you for your complimentary remarks.

Sincerely yours,

- 1 - Richmond - Enclosure
- 3 - Mr. Sullivan - Enclosures (3)
Attention SAs Joseph F. Condon and [redacted]
- ① - Personnel File of SA Joseph F. Condon - Enclosure
- 1 - Personnel File of SA [redacted] - Enclosure

NOTE: By letter 10-7-63 one [redacted] requested speakers for a series of four Sunday evening programs on the subject of Christianity and communism beginning 2-16-64. Special Agents Joseph F. Condon, [redacted] and Assistant Director William C. Sullivan participated. All of these individuals are assigned to Domestic Intelligence. Correspondent is not identifiable in Bufiles. Bufiles contain no record of [redacted]
RR:rcd (9)

DUPLICATE YELLOW

8 MAR 17 1964

75

b6
b7c

Dulin Methodist Church

513 EAST BROAD STREET

TELEPHONE: JE 2-8060

FALLS CHURCH, VIRGINIA 22040

Minister

Director of Christian Education

Director of Music

Church Visitor

Secretary

Membership Secretary

March 10, 1964

Mr. J. Edgar Hoover, Director
Federal Bureau of Investigation
9th & Pennsylvania Ave., N. W.
Washington 25, D. C.

Dear Mr. Hoover,

On behalf of Dulin Methodist Church we wish to thank the Federal Bureau of Investigation for their assistance and cooperation in providing the speakers for the series of lectures on "Christianity and Communism" recently held at the Culmore and Dulin Methodist Churches of Falls Church, Va.

Each speaker was most able and informative. Those that attended came away with a better understanding of the communist threat to our Christian civilization and more convinced than ever that their faith in God must play a more active role in their lives if communism is to be overcome.

It is reassuring to know that we have Christian men of the calibre that spoke to us during this series in the FBI which is so dedicated to protecting the fundamental freedoms that have made our nation great.

We heartily endorse this form of public service that the FBI is rendering. If the message presented during this series of lectures were more widely understood throughout our country, the apathy that besets so many Christians would be eliminated. We know that you are personally doing what you can to see that it is done and we hope that more Christians will rise and actively meet the communist challenge.

Respectfully,

b6
b7c

Field Firearms Training Record
FD-40 (Rev. 12-11-59)

Special Agent CONDON, JOSEPH F. current thru 1960

Office	Date	Indoor	DA	PPC SA	PPC DA	SG #1	SG #2	SG #3	In Service		DT		
	Day-Month-Year								Rifle	MG			
SOG	1-27-61	185											
"	3/13/61	205											
"	4-7-61		86	80				80			✓	R.D.	
SOG	6/23/61		84		72		13				✓	Gae	
SOG	8/21/61		92	84				80			DT		
SOG	10/18/61		90		79		13				DT		
SOG	11/8/61	190											
SOG	12/26/61	201											
SOG	2/14/62	189											
SOG	3/22/62	196											
SOG	3/22/62		94	84				80			DT	RD	
SOG	6/4/62				✓				83	82			
SOG	7/5/62		94	81				80					
SOG	11/19/62		92		76		14				✓	BF	
SOG	11/22/62	250											
SOG	1-17-63 ^{THU}	202											
SOG	1-17-63	191											
SOG	3-6-63	198											
SOG	4-10-63		90	81		79					✓	RD	
SOG	6-17-63		96		70		11				✓	Gae	
SOG	8-29-63		98	83				80			✓	S	
SOG	10-17-63		98		74		13						
SOG	1-29-64	232											
SOG	1-29-64	246					27						
SOG	3-27-64	236											
SOG	3-27-64	251											

27
24

File 8

March 27, 1964

Colonel Matthew C. Stewart
Assistant Commandant
United States Army Intelligence School
Fort Holabird
Baltimore, Maryland 21219

Dear Colonel:

I have received your letter of March 23rd regarding
Special Agent Joseph F. Condon's lecture to your Senior Foreign Officer
Intelligence Class.

It was a pleasure to designate him for this appearance and
your comments concerning his efforts are indeed kind. You may be
certain he joins me in thanking you for your thoughtfulness.

Sincerely yours,

1 - Mr. Sullivan - Enclosure
Attention: SA Joseph F. Condon

① - Personnel file of SA Joseph F. Condon - Enclosure

NOTE: Special Agent Condon made this appearance on 2-7-64. We have had
prior cordial correspondence with Colonel Stewart regarding such matters.

53 23
JH:djg
(6)

DUPLICATE TELETYPE

23 March 1964

Honorable J. Edgar Hoover
Director
Federal Bureau of Investigation
U. S. Department of Justice
Washington 25, D. C.

Dear Mr. Hoover:

I wish to express the appreciation of the U. S. Army Intelligence School for another outstanding lecture on "Subversive Activities," by Mr. Joseph Condon, at Fort Holabird, to personnel attending Class 64-SO-3 of the Senior Foreign Officer Intelligence Course.

Mr. Condon's treatment of a complex subject was forthright, simple and geared to the language comprehension of the group. This appreciation of the language problem, coupled with a sincere, friendly platform manner, enabled the speaker to establish immediate rapport with the students and maintain a high level of interest throughout the presentation.

Thank you for again making Mr. Condon available to give this presentation. I hope that we shall continue to be favored with his services as a guest lecturer.

Sincerely,

MATTHEW G. STEWART
Colonel, AIS
Assistant Commandant

April 3, 1964

[Redacted]
Department of Religion
St. Ambrose College
Davenport, Iowa

b6
b7C

Dear [Redacted]

I received your letter of March 26th, with enclosure, concerning the address of Special Agent Condon and want to thank you for the expression of good wishes and your prayers.

It was thoughtful of you to write and furnish me the benefit of your observations as well as the copy of the "Ambrosian News." I am glad that his remarks were so well received, and I know he enjoyed being with you on that occasion. You may be sure Messrs. Condon, Kuta and Stevenson appreciate, as I do, your complimentary comments.

It will be a pleasure to autograph your copy of "A Study of Communism," and it will be returned to you under separate cover.

Sincerely yours,

3- Omaha - Enclosure }

1 - Mr. Sullivan

Attention: SA Joseph F. Condon

① - Personnel file of SA Joseph F. Condon - Enclosure

1 - Personnel file of SA Arnold J. Kuta - Enclosure

1 - Personnel file of SA Robert G. Stevenson - Enclosure

DFC:kpl (11)

(See note next page.)

67-NOV-10-1964 RECORDED DUPLICATE YELLOW

2 APR 10 1964

52

[REDACTED]

NOTE: Bureau files contain nothing derogatory concerning [REDACTED]
SA Condon furnished him a copy of "A Study of Communism" on the occasion
of his address at St. Ambrose College on 3-14-64. This book has not yet
been received at the Bureau; however, it will be appropriately handled upon
receipt. SA Condon is assigned to the Domestic Intelligence Division.
SAs Kuta and Stevenson are assigned to the Omaha Office.

ST. AMBROSE COLLEGE
DAVENPORT, IOWA

March 26, 1964

The Honorable J. Edgar Hoover, Director
Federal Bureau of Investigation
U. S. Department of Justice
Justice Bldg.
Washington 25, D. C.

My dear Mr. Hoover:

March 15, 1964, Special Agent, Joseph F. Condon appeared at our Third Annual Quad-Regional Seminar. You were so kind as to authorize his participation in our effort. Thank you.

It is impossible to speak too highly of Mr. Condon's speech. He covered every area we could possibly desire. The 300 or more students from 20 different colleges who heard him gave him a standing ovation at the conclusion of this talk. His presence not only accorded honor to himself but reflected great credit to your fine organization.

Mr. Condon was most affable and approachable to our students after his talk. His whole time on campus was spent with students discussing the work of the Federal Bureau of Investigation. There was a crowd around him every minute he was in our student Union. I hope some of our men will consider the F. B. I. as a career.

I am taking the liberty of enclosing the March 14, 1964 issue of our Ambrosian News which deals with the seminar and Mr. Condon's participation therein. If you notice he is referred to as "Special Assistant to F. B. I. Chief J. Edgar Hoover" perhaps we may ascribe this to a bit of poetic license on the part of our student reporter.

May I express my appreciation for the wonderful cooperation given us by our Davenport F. B. I. Men, Agents Kuta and Stevenson.

Finally, I would like to thank you for the book on Communism you so graciously sent me. At the risk of imposing on you I am returning it to request your autograph. If such is contrary to precedent please accept my apology.

With every good wish and the assurance of my prayers that God will continue to bless your work, I am,

Sincerely yours

BK:pl1

cc: Agent Condon
Agents Kuta & Stevenson

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

2/11/64
W. H. [unclear]
W. H. [unclear]

Name of Employee: Joseph F. CondonWhere Assigned: Domestic Intelligence Research-Satellite Section
(Division) (Section, Unit)Official Position Title and Grade: Special Agent GS-14Rating Period: from April 1, 1963 to March 31, 1964ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials[Signature]Rated by: [Signature] Section Chief 4/6/64
Signature Title DateReviewed by: [Signature] Assistant Director 4/6/64
Signature Title DateRating Approved by: [Signature] Assistant Director APR 9 1964
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

REC-138

67-414041-159	
<input type="checkbox"/> Administrative	<input type="checkbox"/> 60-Day
<input type="checkbox"/> 90-Day	<input type="checkbox"/> Transfer
<input type="checkbox"/> Separation from Service	<input type="checkbox"/> Special

43
10 APR 27 1964

3-111

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee Joseph F. Condon Title Special Agent GS-14
 Rating Period: from 4/1/63 to 3/31/64

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|--|---|
| <p><u>+</u> (1) Personal appearance.
 <u>+</u> (2) Personality and effectiveness of his personal contacts.
 <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
 <u>E</u> (4) Physical fitness (including health, energy, stamina).
 <u>+</u> (5) Resourcefulness and ingenuity.
 <u>+</u> (6) Forcefulness and aggressiveness as required.
 <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
 <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.
 <u>+</u> (9) Planning ability and its application to the work.
 <u>+</u> (10) Accuracy and attention to pertinent detail.
 <u>+</u> (11) Industry, including energetic, consistent application to duties.
 <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
 <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
 <u>0</u> (14) Technical or mechanical skills.
 <u>+</u> (15) Investigative ability and results:
 <u>+</u> (a) Internal security cases
 <u>0</u> (b) Criminal or general investigative cases
 <u>0</u> (c) Fugitive cases
 <u>0</u> (d) Applicant cases
 <u>0</u> (e) Accounting cases
 <u>0</u> (16) Physical surveillance ability.</p> | <p><u>✓</u> (17) Firearms ability.
 <u>0</u> (18) Development of informants and sources of information.
 <u>+</u> (19) Reporting ability:
 <u>0</u> (a) Investigative reports
 <u>0</u> (b) Summary reports
 <u>+</u> (c) Memos, letters, wires
 (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.)
 <u>0</u> (20) Performance as a witness.
 <u>+</u> (21) Executive ability:
 <u>+</u> (a) Leadership
 <u>+</u> (b) Ability to handle personnel
 <u>+</u> (c) Planning
 <u>+</u> (d) Making decisions
 <u>+</u> (e) Assignment of work
 <u>+</u> (f) Training subordinates
 <u>+</u> (g) Devising procedures
 <u>+</u> (h) Emotional stability
 <u>+</u> (i) Promoting high morale
 <u>+</u> (j) Getting results
 <u>0</u> (22) Ability on raids and dangerous assignments:
 <u>+</u> (a) As leader
 <u>+</u> (b) As participant
 <u>+</u> (23) Organizational interest, such as making of suggestions for improvement.
 <u>+</u> (24) Ability to work under pressure.
 <u>+</u> (25) Miscellaneous. Specify and rate:
 <u>+</u> Dictation ability _____

 _____</p> |
|--|---|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Supervisor handling research, security and intelligence matters

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Research, writing and lecturing

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

[Signature]

Special Agent Joseph F. Condon

PART I - GENERAL COMMENTS

Mr. Condon makes a substantial personal appearance. He is well groomed and dresses in good taste. His personality is marked by maturity, poise and intelligence. He is friendly in his contacts with others, and his work contacts, both within the Bureau and with the public, are effective.

During the rating period Mr. Condon has carried out research, writing and speaking assignments, for the most part relating to the subject of communism, in a superior manner. He has an outstanding knowledge of both the theoretical and operational applications of communism. Mr. Condon is a resourceful researcher, writer and speaker, and has the ability to make perceptive analyses and to organize his work effectively. Regardless of the pressure of the moment, Mr. Condon is a steady, accurate, industrious and dependable worker. Although he is not currently supervising investigative matters, he has the ability to handle complicated matters in the investigative field.

In addition to his superior research and writing performance, Mr. Condon has displayed a high degree of effectiveness as a speaker on topics relating to the field of communism. In addition to lecturing before training classes he has successfully carried out speaking assignments both before U.S. Government groups and public groups in various sections of the country. A very favorable reaction has resulted, as indicated by the correspondence received at the Bureau. A number of complimentary remarks regarding the superior quality of Mr. Condon's speaking assignments have been received.

Mr. Condon's superior accomplishments have been recognized by the Director on a number of occasions. By letter of May 7, 1963, the Director advised Mr. Condon that his sustained above-average performance for the previous year merited the approval of a quality within-grade salary increase. The Director's letter of December 19, 1963, commended Mr. Condon for his fine services in connection with the preparation of a report and brief incident to the investigation of the assassination of the President. By letter of January 6, 1964, Mr. Condon was commended by the Director through the Chairman of the Domestic Intelligence Division Streamlining Committee for noteworthy achievements of this committee

Initials JS

for the previous six months. The Director's letter of January 10, 1964, commended Mr. Condon for his exemplary performance in the research relative to the article entitled "The U.S. Businessman Faces the Soviet Spy" which appeared in the January-February, 1964, issue of "Harvard Business Review."

There are no limitations on the availability of Mr. Condon for general or special assignment. He has no physical limitations affecting performance of duty, and he has the ability to participate in raids and dangerous assignments.

Initials *JC*

PART I - SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:

Not Applicable (NA)

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

3. PARTICIPATION IN INFORMANT PROGRAMS:

NA

4. TESTIFYING EXPERIENCE AND ABILITY:

NA

5. DISCIPLINARY ACTION:

NA

6. ACCOUNTING INFORMATION:

NA

7. POLICE INSTRUCTION:

NA

8. SOUND TRAINING:

NA

9. RESIDENT AGENTS:

NA

Initials



10. FOREIGN LANGUAGE ABILITY:

NA

Name of Language	Completed school		Can handle typical investigative problems				Frequency Used				(Indicate proficiency in each phase as Excellent, Very Good, Good, Fair, Unsatisfactory)			
	Yes	No	Written		Oral		Past Rating Period			En-suing Year	Speak	Under-stand	Read	Write
			Yes	No	Yes	No	Da.	Wk.	Mo.					

11. ADMINISTRATIVE ADVANCEMENT:

- a) Agent is interested in administrative advancement - Yes ☒ No ☐
- b) Agent is completely available for administrative advancement - Yes ☒ No ☐
- c) Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance - Yes ☒ No ☐
- d) Consider qualifications Very Good _____, Excellent X, Outstanding _____.
- e) Agent has potential for future administrative advancement (comments required) - Yes ☐ No ☐

Initials 

6. 7. 8. 9. 10. 11.

A 28	C 32
B	D 11

score - 28
6-5-64

PRACTICE			
P1	A	B	C
P2	A	B	C
P3	A	B	C
P4	A	B	C
P5	A	B	C
P6	A	B	C
P7	A	B	C
P8	A	B	C
P9	A	B	C
P10	A	B	C

TEST

1 A B C D	31 A B C D	61 A B C D	91 A B C D
2 A B C D	32 A B C D	62 A B C D	92 A B C D
3 A B C D	33 A B C D	63 A B C D	93 A B C D
4 A B C D	34 A B C D	64 A B C D	94 A B C D
5 A B C D	35 A B C D	65 A B C D	95 A B C D
6 A B C D	36 A B C D	66 A B C D	96 A B C D
7 A B C D	37 A B C D	67 A B C D	97 A B C D
8 A B C D	38 A B C D	68 A B C D	98 A B C D
9 A B C D	39 A B C D	69 A B C D	99 A B C D
10 A B C D	40 A B C D	70 A B C D	100 A B C D
11 A B C D	41 A B C D	71 A B C D	101 A B C D
12 A B C D	42 A B C D	72 A B C D	102 A B C D
13 A B C D	43 A B C D	73 A B C D	103 A B C D
14 A B C D	44 A B C D	74 A B C D	104 A B C D
15 A B C D	45 A B C D	75 A B C D	105 A B C D

ARMY STANDARD ANSWER SHEET

16 A B C D	46 A B C D	76 A B C D	106 A B C D
17 A B C D	47 A B C D	77 A B C D	107 A B C D
18 A B C D	48 A B C D	78 A B C D	108 A B C D
19 A B C D	49 A B C D	79 A B C D	109 A B C D
20 A B C D	50 A B C D	80 A B C D	110 A B C D
21 A B C D	51 A B C D	81 A B C D	111 A B C D
22 A B C D	52 A B C D	82 A B C D	112 A B C D
23 A B C D	53 A B C D	83 A B C D	113 A B C D
24 A B C D	54 A B C D	84 A B C D	114 A B C D
25 A B C D	55 A B C D	85 A B C D	115 A B C D
26 A B C D	56 A B C D	86 A B C D	116 A B C D
27 A B C D	57 A B C D	87 A B C D	117 A B C D
28 A B C D	58 A B C D	88 A B C D	118 A B C D
29 A B C D	59 A B C D	89 A B C D	119 A B C D
30 A B C D	60 A B C D	90 A B C D	120 A B C D

6. NAME: RONDON, JOSEPH F. (LAST) (FIRST) (MIDDLE)
2. INITIAL: 50 b
3. DATE: 6/5/64
5. 1/20/47
1. ALAT-1

NOT RECORDED
JUN 9 1964

DA FORM 6000
1 AUG 56

July 24, 1964

Mr. Joseph F. Condon
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Condon:

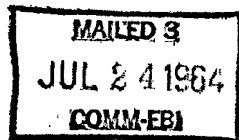
Your headquarters are changed from **Washington, D. C.,**
to **Albuquerque, New Mexico,**
effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$16.00 per day within the U. S., \$6.00 per day for air travel, rail travel, and ocean travel by steamship outside the continental limits of the U.S., transportation expenses for your immediate family, and transportation cost of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, dated November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

REC'D-READING ROOM

JUL 24 1 02 PM '64

Enclosure

Very truly yours,



John Edgar Hoover
John Edgar Hoover
Director

- Rec'd*
- 1 - SAC, Albuquerque
 - 1 - Mr. Sullivan (Personal Attention) Advise Administrative Division departure and arrival dates.
 - 1 - Mr. C. Ray Davidson
 - 1 - Miss Usilton
 - 1 - Mrs. Axtell
 - 1 - Payroll Distribution

REC-144

JUL 24

67-414041-160
Searched _____ Numbered _____
9 JUL 27 1964

RECEIVED DIRECTOR

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Malone _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JUL 29 1964

MAIL ROOM ☐ TELETYPE UNIT ☐



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>Joseph F. Condon</u>	<u>5/22/64</u>	<u>Domestic Intelligence-SOG</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>Wife</u>

Address	
<u>4809 Taney Ave., Alexandria, Va.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>[Redacted]</u>

Address	
<u>[Redacted]</u>	

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>Wife</u>

Address	
<u>4809 Taney Ave., Alexandria, Va.</u>	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
<u>[Redacted]</u>	<u>[Redacted]</u>

Address	
<u>[Redacted]</u>	

Very truly yours,

Special Agent

Joseph F. Condon
Joseph F. Condon

138 Payment Received
Special Agents Insurance Fund

JUN 2 1964

J. Edgar Hoover, Director

3-ecd

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. A. H. Belmont

DATE: July 21, 1964

FROM : Mr. W. C. Sullivan

SUBJECT: JOSEPH F. CONDON
GS-14 SUPERVISOR
RESEARCH-SATELLITE SECTION

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Enclosed is a letter from Mr. Condon to the Director asking that he be transferred from the Seat of Government for health reasons of his family to an area which offers a high and dry climate. Normally, I would make no comment on such a request; however, this is an exceptional case and for what it is worth I wish to state the following:

Mr. Condon has been under my supervision in one position or the other since 1952. As his record will show, he is an extremely competent, conscientious, loyal and devoted Special Agent. He has made a lasting contribution to the Bureau in the field of research, writing and lecturing, and without question is one of the foremost authorities in the Bureau today on the subject of communism.

Mr. Condon is a devoutly religious man, humble, self-reliant and given to understatement. I have known of [REDACTED]

[REDACTED] he should consider working in the Southwest in a high and dry climate in accordance with the doctor's recommendations made to him. He mentions [REDACTED] in the enclosed letter; however, I know there is [REDACTED] Mr. Condon has declined to make this decision because he is extremely fond of his work here at the Bureau and would like to continue on with it. However, he now realizes that it is either a question of his leaving this work [REDACTED]

b6
b7c

ENCLOSURE
We all know there are Agents who will take advantage of the Bureau and think up all sorts of alleged health conditions that would warrant a transfer for personal reasons. In Mr. Condon, there is absolutely none of this. In the first place, he doesn't want to leave his work and in the second place, he is a very independent and self-reliant man who does not like to ask for any favors or special

Enclosure

WCS:lml (3)

1 - Mr. Mohr

1 - Mr. Sullivan

Brief Attached

Stg. to Condon
7/24/64 FDH/jap
Transf. to Condon
7/24/64 jpc

REC-148

61-414-111-161
Searched _____ Numbered _____
(SEE NEXT PAGE)

3/24

Memorandum to Mr. Belmont
Re: JOSEPH F. CONDON

consideration. This is an additional reason as to why he has delayed for the past three years [redacted]
[redacted]

Mr. Condon entered the Bureau in 1947, has no intentions of retiring when his time arrives and, therefore, the Bureau can expect many years of competent service from him in the field. Because the condition is exceptional and because Mr. Condon is such an honest, conscientious, loyal and sincere person, I do think that it would pay dividends for the Bureau to honor his request in accordance with our needs in some Southwest office.

RECOMMENDATION:

For your information.

b6
b7C

W.C.S.

ADDENDUM: ^{KLB} WSH:hif 7/22/64

A check of the office of preference list reflects that SA Joseph F. Condon would stand number one on both the El Paso and Albuquerque office of preference lists and number 14 on the Phoenix list. SA [redacted] of the San Diego Office has more seniority than Condon and lists Albuquerque as an office of preference. [redacted] however, is presently on probation and is not entitled to be considered. Condon's service at the Seat of Government, where he has been assigned since 6/22/52 in the Domestic Intelligence Division, has been well above average. He has been commended on 18 occasions, the latest on 1/10/64. He received a \$300 cash award on 9/7/62 for the outstanding fashion in which he discharged his responsibilities over an extended period of time and he received a Quality Within Grade Increase effective 5/7/63 for sustained above-average performance during the past year. He has been censured on four occasions while at the Seat of Government, latest on 11/6/62. Three of these censures were because of errors in correspondence. He was rated Excellent in his 1964 annual performance rating. In view of the serious personal problem which faces Condon, he should be transferred at this time from the Domestic Intelligence Division to the Albuquerque Office where his services can be utilized.

(OVER)

Memorandum to Mr. Belmont
Re: JOSEPH F. CONDON

RECOMMENDATION:

That SA Joseph F. Condon be granted a transfer from the Domestic Intelligence Division to the Albuquerque Office. It will be necessary to demote Condon from Grade GS-14 to Grade GS-13 upon his arrival in the Albuquerque Office.

V.
2/25/54
K

RM

W/S

ERP

PERMANENT BRIEF OF PERSONNEL FILE OF SA CONDON IS ATTACHED

4809 Taney Avenue
Alexandria, Virginia
July 21, 1964

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

It is with deep regret and, after long and prayerful consideration, that I am writing this letter. I am doing so only because of a serious health problem in our family. [redacted] and our doctor has strongly recommended moving to a high, dry climate.

We have known of this situation for the past three years, however, because I so thoroughly enjoy my present assignment doing research and writing on Communism, I have delayed requesting a transfer. I consider the twelve years I have spent at the Bureau the best and most gratifying assignment since I entered on duty in 1947.

b6
b7C

However, because our doctor has advised that, if we delay any longer, [redacted] my wife and I would be deeply appreciative if, in accordance with the needs of the service, the Bureau could arrange to transfer me to an area which offers a high and dry climate.

Sincerely,

Joseph F. Condon
Joseph F. Condon
Special Agent

*ack. 7-24-64
FDH:pp*

*Memo Sullivan
to Belmont
7/21/64
WCS: lml (144)*

REC-146

67-414041-162	
Searched	Noted
5	5

3/500

July 24, 1964

PERSONAL

REC-146

Mr. Joseph F. Condon
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Condon:

I have received your letter of July 21, 1964, in which you request a transfer to an area with a high and dry climate because of a serious health problem in your family.

I can certainly understand your concern in this matter and am pleased to advise that by separate communication you are being ordered under transfer to the Albuquerque Office on general assignment. It is hoped that this action will be of benefit in connection with your situation.

In view of this change in your assignment, it will be necessary to adjust your salary from Grade GS-14, \$15,415 per annum to Grade GS-13, \$14,420 per annum, effective upon your arrival in Albuquerque.

Sincerely yours,

W. C. Sullivan

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

- 1 - SAC, Albuquerque (Personal Attention)
- 1 - Mr. W. C. Sullivan (Personal Attention)
- 1 - Mrs. Atwell
- 1 - Movement Unit

FDH:jap (7) Based on memo W. C. Sullivan to Mr. Belmont dated 7-21-64
WCS:lm1

MAIL ROOM ☐ TELETYPE UNIT ☐

Jul 24 1 03 PM '64
REC'D-READING ROOM
FBI

Mr. Tolson ☒
 Mr. Belmont ☒
 Mr. Mohr ☒
 Mr. Casper ☒
 Mr. Callahan ☒
 Mr. Conrad ☒
 Mr. DeLoach ☒
 Mr. Evans ☒
 Mr. Gale ☒
 Mr. Rosen ☒
 Mr. Sullivan ☒
 Mr. Tavel ☒
 Mr. Trotter ☒
 Tele. Room ☒
 Miss Holmes ☒
 Miss Gandy ☒

4809 Taney Avenue
 Alexandria, Virginia
 July 27, 1964

Mr. J. Edgar Hoover
 Director
 Federal Bureau of Investigation
 Washington, D. C.

Dear Mr. Hoover:

I have received your letter dated July 24, 1964, together with my transfer to Albuquerque, New Mexico. I would like to express not only my own deepest gratitude but also that of my wife for your consideration in arranging this transfer due to the health problem in our family. I would also like to assure you that I will do my utmost in this new assignment to show my appreciation for your kindness in this matter.

Sincerely,

Joseph F. Condon
 Joseph F. Condon

Special Agent in Charge

REC-141

EXP. PROC.

JUL 27 1964

32

3/3

UNITED STATES GOVERNMENT

Memorandum

TO : MR. TOLSON *W. J. [unclear]*

DATE: July 29, 1964

FROM : J. H. GALE *JHG*

SUBJECT: SA JOSEPH F. CONDON
RESEARCH-SATELLITE SECTION
DOMESTIC INTELLIGENCE DIVISION
REPLACEMENT MATTER

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

The Domestic Intelligence Division (DID) has requested a replacement for SA Joseph F. Condon of the Central Research Unit, Research-Satellite Section, who has been transferred to the Albuquerque Office.

The Central Research Unit handles a wide variety of research, writing and speaking assignments and SA Condon's duties, which include all of these duties mentioned, require a thorough knowledge of both the theoretical and operational phases of Communism. SA Condon handles such essential assignments as the Current Intelligence Analysis, North Atlantic Treaty Organization papers, Communist Party, USA, Semiannual Intelligence Digest, the Communist Party Line, a semiannual summary, and numerous speaking and lecturing assignments.

The Central Research Unit was formerly a Section with a total of 8 Agent personnel including the Section Chief and Number One Man. One Agent who was transferred in September, 1963, was not replaced, thus reducing the total to 7 Agents. A major reorganization of the DID took place in October, 1963, and resulted in the creation of the Research-Satellite Section to permit greater concentration of our coverage of Soviet bloc intelligence services. Cases formerly handled in the Nationalities Intelligence Section and the Soviet Section concerning Soviet bloc intelligence services were transferred to the newly created section and its complement of Agent personnel was augmented by 12 for a total of 19 Agents. The increased volume of work necessitated the transfer of one Agent from the Central Research Unit to the Satellite Unit, thus further reducing the Agent complement of the Central Research Unit to 4. At the present time 2 Agent supervisors, one from the Central Research Unit, and one analyst are on loan to the Soviet Section on special assignment and their work is being absorbed by other personnel in the Research-Satellite Section. The recent reorganization and loan of personnel has caused some curtailment in the research activities since the amount of research handled is directly tailored to personnel available.

The inspection of the DID determined that the personnel of the Research-Satellite Section was adequate and that the personnel of the DID is adequate with no surplus presently available to handle SA Condon's work. Instructions were given

1 - Mr. Callahan 1 - Mr. Mohr

DTS:wmj (6)

AUG 7 1964

DTS

REC-144

67-414041-164	
Searched	Numbered

TELETYPE

Memo for Mr. Tolson
Re: SA Joseph F. Condon

to DID to re-evaluate the work of the Research-Satellite Section at such time as the two Agent supervisors and one analyst are returned from special assignment to insure their continued need on essential work in the section is then fully justified. As of this time, the date of their return is uncertain.

RECOMMENDATION:

In view of the already reduced strength of the Central Research Unit and essential nature of the work carried on there it is recommended that the DID request for a replacement for SA Condon be approved. It is suggested that this memorandum be forwarded to Mr. Mohr's Office for handling.

AW
gtp

Memo Mr. Hyde to Mr. Mohr
7/31/64 - WSH:kpf

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. W. C. Sullivan *wcs/nss*

DATE: July 27, 1964

FROM : Mr. R. W. Smith *RS*

1 - Mr. Sullivan
1 - Mr. N.P. Callahan
1 - Mr. R.W. Smith

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

SUBJECT: SA JOSEPH F. CONDON
RESEARCH-SATELLITE SECTION
DOMESTIC INTELLIGENCE DIVISION
REPLACEMENT MATTER

The Director's letter of July 24, 1964, advised SA Condon of his transfer from the Domestic Intelligence Division to the Albuquerque Field Office. It is recommended that a replacement be designated for SA Condon, who is assigned to the Central Research Unit, Research-Satellite Section, Domestic Intelligence Division.

SA Condon is currently assigned research, writing and speaking duties in the communist field. This entails a thorough knowledge of both the theoretical and operational phases of communism, as well as a clear understanding of related Bureau policies. SA Condon's assignments are important to the work of the Bureau and includes such matters as: Analysis of selected writings in the racial field, preparation of mass media material, the writing of a North Atlantic Treaty Organization paper on the effect of Sino-Soviet dispute on the Communist Party, USA, developing counterintelligence program material suitable for counteracting communist influence in connection with the appearances of communist representatives on college campuses, handling speech assignments for groups outside the Bureau, as well as brief day-to-day research and writing assignments requiring a keen perception in the communist field.

In the Central Research Unit, there are currently four Special Agents assigned, one Special Agent, [redacted] has been on loan to the Soviet Section for special assignment in connection with the Lee Harvey Oswald case. The three remaining Special Agents, which number includes SA Condon, are carrying a heavy work load of assignments. A replacement for SA Condon is urgently needed at this time, as his assignments will require daily attention. b6
b7C

RECOMMENDATION:

REC-144

It is recommended that a suitable replacement for SA Condon be designated for the Central Research Unit, Research-Satellite Section, Domestic Intelligence Division, as this replacement is urgently needed.

RWS:jwh *gwp*
(4) *28*

5 AUG 7 1964

*memo to Tolson
7/29/64
DTS/wmj*

TELETYPE

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

August 7, 1964

I certify that I have ~~received~~ the following Government property for official use:
returned

- 1 Identification badge # S-06048 ✓
- 1 Supervisors Manual # 306 ✓
- 1 Inspectors' Manual (SOG) # 119 ✓
- 1 Inspectors' Manual (Field) # 688 ✓
- 1 Key 8N (6th floor Riddell Building) ✓

READ

The Government property which you hereby acknowledge
is charged to you and you are responsible for taking care
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN
ANY WAY.

NOT RECORDED

2 AUG 11 1964

Very truly yours,

(Signature)

(Typed name)

Joseph F. Condon

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: Joseph F. Condon

Where Assigned: Domestic Intelligence Research-Satellite
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent GS-14

Rating Period: from April 1, 1964 to August 7, 1964

ADJECTIVE RATING: Excellent
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by:

Richard J. Smith
Signature

Section Chief
Title

8/7/64
Date

Reviewed by:

William J. Sullivan
Signature

Assistant Director
Title

Date

Rating Approved by:

M. P. Callahan
Signature

Assistant Director
Title

AUG 10 1964
Date

TYPE OF REPORT

☐ Official
☐ Annual

☒ Administrative
☐ 60-Day
☐ 90-Day
☒ Transfer
☐ Separation from Service
☐ Special

7

AUG 24 1964

53

3-111

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee Joseph F. Condon Title Special Agent GS-14Rating Period: from 4/1/64 to 8/7/64

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|---|
| <u>+</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>0</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>0</u> (a) Investigative reports <u>0</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>0</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>E</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>0</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>0</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>0</u> (b) Criminal or general investigative cases <u>0</u> (c) Fugitive cases <u>0</u> (d) Applicant cases <u>0</u> (e) Accounting cases | |
| <u>0</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Handled research, writing, speaking in security and intelligence matters.

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): research, writing and lecturing.

- C. (1) Is employee available for general assignment wherever needs of service require? No (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: Excellent

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JO F.

SPECIAL AGENT JOSEPH F. CONDON

PART I - GENERAL COMMENTS

Mr. Condon presents a substantial personal appearance. Consistently, he is well groomed and attired in good taste. His work contacts, both within the Bureau and with the public, are effective. Mr. Condon's personality has the qualities of maturity, poise and intelligence.

During the rating period, Mr. Condon has carried out research, writing and speaking assignments which for the most part were related to communist and intelligence matters. In carrying out his duties, Mr. Condon has demonstrated a superior working knowledge of both the theoretical and operational applications of communism. This has been clearly exhibited not only in his writing assignments but also in his lectures. Mr. Condon is an accomplished speaker. During the rating period he spoke on the subject of communism before military, law enforcement and school groups, as well as Bureau training classes.

Although Mr. Condon is not currently supervising investigative matters, he has the ability to handle complicated matters in the investigative field. He is a steady, perceptive, and dependable worker. His work is organized efficiently and effectively.

Mr. Condon has no physical limitations affecting his performance of duty and has the ability to participate in raids and dangerous assignments. He is interested in administrative advancement, but due to a family health problem, is not available for administrative advancement at this time. Due to this family health problem, Mr. Condon at this time is not available for general assignment wherever the needs of the Bureau require. However, he is available for special assignments of a temporary nature not involving the transfer of his family.

Initials JFC

PART I SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:

Not Applicable (NA)

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

3. PARTICIPATION IN INFORMANT PROGRAMS:

NA

4. TESTIFYING EXPERIENCE AND ABILITY:

NA

5. DISCIPLINARY ACTION:

NA

6. ACCOUNTING INFORMATION:

NA

7. POLICE INSTRUCTION:

NA

8. SOUND TRAINING:

NA

9. RESIDENT AGENTS

NA

Initials *JS*

10. FOREIGN LANGUAGE ABILITY: NA

Name of Language	Completed school		Can handle typical investigative problems				Frequency Used			En-suing Year	(Indicate proficiency in each phase as Excellent, Very Good, Good, Fair, Unsatisfactory)			
	Yes	No	Written		Oral		Rating Period				Speak	Under-stand	Read	Write
			Yes	No	Yes	No	Da	Wk	Mo					

11. ADMINISTRATIVE ADVANCEMENT:

- a) Agent is interested in administrative advancement - Yes ☒ No ☐
- b) Agent is completely available for administrative advancement - Yes ☐ No ☒
- c) Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance - Yes ☒ No ☐
- d) Consider qualifications Very Good _____, Excellent X, Outstanding _____.
- e) Agent has potential for future administrative advancement (comments required) - Yes ☐ No ☐

Initials JE

SAC, Albuquerque

August 21, 1964

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
Special Agent
Veteran

Inasmuch as the captioned Special Agent is assigned to your office, the following information is being furnished for record purposes:

EOD: 1-20-47 - Special Employee-Agent - CAF-9, \$4149.60;
7-27-47 - Special Agent.

Present Grade & Salary: GS-13, \$15,015

Assignments: 1-20-47 School; 4-8-47 Butte; 9-27-47 Seattle;
10-3-47 Bremerton, Washington; 9-7-48 Spokane;
11-14-48 Pittsburgh; 6-22-52 Domestic Intelligence
Division; 8-14-64 Albuquerque.

Principal Salary Changes: 2-3-47 - CAF-10, \$4525.80 ✓
7-11-48 - CAF-10, \$4981.20 (BSI) ✓
8-22-48 - CAF-11, \$5232 ✓
10-30-49 - GS-11, \$5400 (BSI)
4-15-51 - GS-12, \$6400 ✓
7-8-51 - GS-12, \$7040 (BSI)
7-19-53 - GS-13, \$8360 ✓
3-13-55 - GS-13, \$9205 (BSI)
1-12-58 - GS-13, \$10,610 (BSI) ✓
6-1-58 - GS-14, \$11,355 ✓
7-10-60 - GS-14, \$12,470 (BSI)
10-14-62 - GS-14, \$14,120 (BSI)
1-5-64 - GS-14, \$15,415 (BSI)
7-5-64 - GS-14, \$16,130 (BSI)

MAILED 30

AUG 21 1964

COMM-FBI

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Enclosures (3)
MAS (3)
67-414 041

AUG 26 1964

MAIL ROOM ☐ TELETYPE UNIT ☐

REC-143

414 041-167

SAC, Albuquerque

JOSEPH F. CONDON
Special Agent
Veteran

Principal Salary Changes (Continued):

8-16-64 - GS-13, \$15,015 (transferred and
changed to lower
grade and salary
per request of
employee)

Specialized Bureau Training School: Soviet "Illegal" Espionage
Activities Training 5-62.

Date of Last In-Service Training: 5-28-62 - 6-8-62 ✓

Remarks: Mr. Condon has been commended by letters dated
9-1-55, 6-13-56, 11-13-58, 1-27-59, 3-24-59, 6-23-59,
10-28-59, 2-12-60, 4-13-60, 5-18-60, 12-12-60,
10-16-61, 1-11-62, 5-8-62, 7-2-62, 9-7-62 (which was
accompanied by an incentive award in the amount of
\$300.00), 12-19-63, 1-6-64, and 1-10-64.

Also he received a Quality Within-Grade Increase
in connection with his 1963 annual performance rating.

Mr. Condon has been censured by letters dated 12-2-48,
9-11-57, 6-5-58, 5-7-59, and 11-6-62.

NOTIFICATION OF PERSONNEL ACTION

5 PART
50-119

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE CONDON, JOSEPH F. (MR.)		MR.-MISS-MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) 3-16-20	4. SOCIAL SECURITY NO. 072-12-9337
5. VETERAN PREFERENCE 2 1-NO 2-5 PT. 3-10 PT. DISAB. 4-10 PT. COMP. 5-10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1-COVERED 2-INELIGIBLE 3-WAIVED			10. RETIREMENT 1-CS 2-FICA 3-FS 4-NONE 5-OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION DEMOTION			13. EFFECTIVE DATE (Mo., Day, Year) 8-16-64		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY EXCEPTED BY LAW
15. FROM: POSITION TITLE AND NUMBER Supervisory Special Agent #61-F-101 160			16. PAY PLAN AND OCCUPATION CODE	17. GRADE OR LEVEL GS 14 Series 1811	18. SALARY \$16,130 pa
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER Special Agent #61-F-48 170		21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL GS 13 Series 1811	23. SALARY \$15,005 pa
24. NAME AND LOCATION OF EMPLOYING OFFICE				

25. DUTY STATION (City-county-State)			26. LOCATION CODE	
27. APPROPRIATION S. & E, FBI		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 2-EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING ☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

Employee is not entitled to salary retention rights under the Salary Retention Act of 1958, as amended, as this reduction in grade was at his request.

67-NOT RECORDED
24 AUG 27 1964

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE J. E. Hoover Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE 8-20-64	
33. CODE DJ 32	EMPLOYING DEPARTMENT OR AGENCY FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D.C.		

4. PERSONNEL FOLDER COPY

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 8-17-64

FROM : SAC, ALBUQUERQUE

SUBJECT: ACKNOWLEDGMENT OF TRANSFER ORDERS

ReBulet 7-24-64

Name JOSEPH F. CONDON	Contemplated departure date
Title SPECIAL AGENT	Annual leave en route
Transfer to ALBUQUERQUE	Contemplated arrival date
Departed on transfer	Destination
Arrival on transfer (time and date) 2:50 PM, 8-14-64	Reported for duty Same

Person to be notified in case of an emergency while en route on transfer (to be furnished when such person and address differ from information previously furnished the Bureau; if employee will be traveling with person who normally would be notified in the event of an emergency, he should furnish name and address of some other person)

67- NOT RECORDED 9 AUG 27 1964	Name JOSEPH F. CONDON	Relationship Wife
Comments: 1-Bureau; 1-Albuquerque	Address 4401 1st St. N. E. Albuquerque, N.M.	

August 19, 1964

Vice Admiral Glynn R. Donaho, USN
Commander
Military Sea Transportation Service
Department of the Navy
Washington 25, D. C.

Dear Admiral Donaho:

It certainly was thoughtful of you to write on August 13th concerning the assistance rendered by the FBI in connection with your training program.

I am glad we were able to contribute to its success, and I assure you my associates share my appreciation for your most kind remarks. Please feel free to call on us whenever we can be of service.

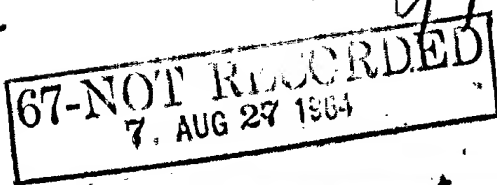
Sincerely yours,

- 2 - Albuquerque - Enclosures (2)
- 2 - Mr. Sullivan - Enclosures (2)
- 2 - Mr. Casper - Enclosures (2)
- ① - Personnel File of SA Joseph F. Condon - Enclosure
- 1 - Personnel File of SA [redacted] - Enclosure
- 1 - Personnel File of SA William M. Mooney - Enclosure

b6
b7C

NOTE: SA [redacted] is presently assigned to the Domestic Intelligence Division, and SA Mooney is presently assigned to the Training Division. SA Condon was formerly assigned to the Domestic Intelligence Division and departed 8-8-64 on transfer to Albuquerque to arrive there 8-13-64.

PDW:kcf (11)



COPIED
YELLOW



DEPARTMENT OF THE NAVY
MILITARY SEA TRANSPORTATION SERVICE
WASHINGTON 25, D. C.

ADDRESS REPLY TO COMMANDER
MILITARY SEA TRANSPORTATION SERVICE
NOT TO THE SIGNER OF THIS LETTER

REFER TO
Ser 228M13

13 AUG 1964

My dear Mr. Hoover:

On several occasions during Fiscal Year 1964, two members of your Staff afforded valuable training assistance to COMSTS in making presentations on "Communism" and "Criminal Jurisdiction" to MSTs Naval Reservists attending the COMSTS "Command Ocean Transportation Course". These presentations were made by Special Agents Joseph E. CONDON and William M. MOONEY. In addition, Special Agent [redacted] Liaison Section of Domestic Intelligence Division, was of invaluable assistance in coordinating the scheduling of these presentations.

b6
b7C

The MSTs Naval Reserve officers attending this course were individually asked to evaluate the various presentations through a written critique. The briefings given by your staff members were consistently found to be outstanding and an integral part of their training duty. The MSTs Naval Reserve officers will certainly be better able to carry out their mobilization assignments as a result of the information gained from these presentations.

I appreciate the cooperation received from Mr. CONDON, Mr. MOONEY, and [redacted] and request that they be extended a "Well Done" for their contribution to the Naval Reserve training program of the Military Sea Transportation Service.

Sincerely yours,

G. R. Donaho
GLYNN R. DONAHO
Vice Admiral, USN

Honorable J. Edgar Hoover
Director, Federal Bureau of Investigation
Washington 25, D. C.

Commander Military Sea Transportation Service

September 29, 1964

Brigadier General Royal Reynolds, Jr., U.S.A., Retired
Director
The Military Assistance Institute
Tyler Building
Arlington Towers
Arlington 9, Virginia

Dear General Reynolds:

I received your letter of September 18th, with enclosures, and want to thank you for your thoughtfulness in writing.

It was certainly good of you to furnish me your observations and comments regarding my associates, and you may be sure the handsome Certificates of Appreciation you have awarded to Messrs. Sullivan, Gray and Condon mean a great deal to us. I am glad to know that they have merited your esteem, and it is a pleasure to furnish our cooperation in matters of mutual interest. My associates join me in expressing appreciation for your favorable remarks.

CONFIDENTIAL YELLOW

Sincerely yours,

2 - Albuquerque - Enclosures (3)

5 - Mr. Sullivan - Enclosures (7)

Attention SA Arbor W. Gray, SA Fred J. Baumgardner, SA

and SA Charles D. Brennan

1 - Personnel File of SA Joseph F. Condon - Enclosure

1 - Personnel File of SA Arbor W. Gray - Enclosure

1 - Personnel File of SA Fred J. Baumgardner - Enclosure

1 - Personnel File of SA Enclosure

1 - Personnel File of SA Charles D. Brennan - Enclosure

NOTE: There is nothing derogatory concerning Reynolds and he has been most cooperative and friendly with this Bureau. Our last outgoing to him was dated 6-26-58. SAs Gray, Baumgardner, and Brennan are assigned to Domestic Intelligence Division. SA Condon, formerly of the Domestic Intelligence Division, is presently assigned to Albuquerque.

DFC:als (9)
(16)

2 OCT 8 1964

b6
b7c

66



THE MILITARY ASSISTANCE INSTITUTE
TYLER BUILDING, ARLINGTON TOWERS
ARLINGTON 9, VIRGINIA

18 September 1964

Honorable J. Edgar Hoover
Director, Federal Bureau of Investigation
Department of Justice
Washington 25, D. C.

Dear Mr. Hoover:

I wish to express the appreciation of the Military Assistance Institute for the cooperation and assistance offered by the following members of your staff:

Mr. William C. Sullivan
Mr. Arbor Gray
Mr. Joseph F. Condon

For the past five years they have presented a lecture to ten classes each year and participated in a panel discussion on the subject of "Communist Philosophy and Objectives". I regret that, because of the press of their duties, they will be unable to continue such participation.

Without exception, their presentations have been presented in an outstanding manner and reflect the excellence of performance exemplified by the FBI.

The participation of the above individuals in our program has required a considerable amount of time and effort on their part in organizing and delivering the presentations, which have been of immeasurable benefit to the student officers of all the Armed Services who have been assigned to Military Assistance Advisory Groups and Missions world-wide.

While the enclosed Certificates of Appreciation represent a small token of our gratitude for the outstanding cooperation given by the individuals named above, I wish also to extend my thanks to Messrs. Fred Baumgardner, and Charles D. Brennan, who substituted for the principals at various times.

b6
b7C

Sincerely,

Royal Reynolds Jr.
ROYAL REYNOLDS, JR.
Brigadier General, USA (Ret.)
Director

October 30, 1964

Brigadier General Phillip B. Davidson, Jr., USA
Commanding General
Headquarters
United States Army Security Agency
Training Center and School
Fort Devens, Massachusetts 01433

Dear General Davidson:

I received your letter of October 23rd regarding the lecture presented by Special Agent Joseph F. Condon last year before your students and requesting Mr. Condon or a substitute to speak before your group on January 21, 1965. You may be assured Mr. Condon joins me in thanking you for your generous comments.

While we would certainly like to be of service to you, it is regretted that Mr. Condon is not available to present a similar lecture as you have proposed. In addition, the full schedule of my associates who normally speak on communism precludes designating them to fill additional commitments at this time. Consequently, I am unable to give you a favorable reply. It is hoped you will understand the difficulties involved.

Sincerely yours,

- 1 - Albuquerque - Enclosure
- 1 - Boston - Enclosure
- 1 - Mr. Sullivan - Enclosure
- ① - Personnel File of SA Joseph F. Condon - Enclosure

NOTE: We have had prior correspondence with General Davidson; last outgoing 9-18-63. No derogatory information appears in Bufiles concerning him.

DTP:mc 21
(8)

IATRI-OP

23 October 1964

Director
Federal Bureau of Investigation
Department of Justice
Washington, D. C.

Dear Sir:

On 5 September 1963, Mr. Joseph Condon presented a lecture on "Communism in the United States" to the students of the US Army Security Agency Officer Career Course and members of the staff and faculty.

Mr. Condon's lecture was well received, and we would like to invite him to present the same lecture to this year's Officer Career Course. If Mr. Condon is not available, another speaker qualified to present the same material is requested. We have tentatively scheduled the presentation for 21 January 1965.

Personnel attending this lecture possess a TOP SECRET clearance and are authorized access to Special Intelligence and Cryptologic information.

This Headquarters will furnish funds to defray cost of transportation and per diem upon request.

So that we may complete scheduling arrangements, I would appreciate a reply to this invitation by 23 November 1964. Please address further correspondence to the Commanding General, US Army Security Agency Training Center and School, ATTENTION: IATRI-OP, Fort Devens, Massachusetts, 01433.

Sincerely,

PHILLIP B. DAVIDSON, JR.
Brigadier General, USA
Commanding

MEDICAL REPORTS

Personnel File of

CANDON, JOSEPH F.

Personnel File No. _____

C.D.
3-14-75



3/17

6. RECORDED
MAR 27 1975

REPORT OF MEDICAL EXAMINATION

88-708

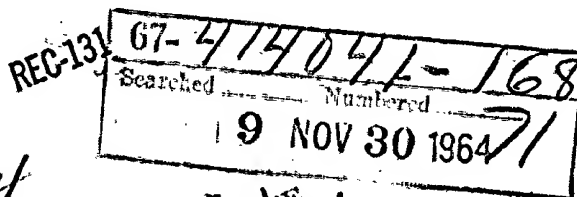
1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 Kirby NE, Albuquerque, N.M.			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11/4/64
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 17		10. AGENCY FBI	11. ORGANIZATION UNIT b6 b7C
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH NEW YORK, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN WIFE. SAME	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS 4900th USAF Dispensary (SWDMF)			16. OTHER INFORMATION		
17. RATING OR SPECIALTY			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 68, 69 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varkorization, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	X
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
X	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

32. Mild BPH.

ENCLOSURE



THREE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Exam Type 3 Class I
O—Restorable teeth +—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	L E F T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result) Kirtland AFB, New Mexico 14 x 17 #G-5760 (Neg) 4 Nov 1964	
B. ALBUMIN Neg	C. MICROSCOPIC		
C. SUGAR Neg	D. SEROLOGY (Specify test used and result) CMF-Negative 2 1964	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR "B" Positive
50. OTHER TESTS			

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 68 1/2		52. WEIGHT 137		53. COLOR HAIR Gray		54. COLOR EYES Blue		55. BUILD: (Check one)		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)		58. PULSE (Arm at heart level)									
A. SITTING	SYS. 116 DIA. 88	B. RECUMBENT	SYS. -- DIA. --	C. STANDING (5 min.)	SYS. -- DIA. --	A. SITTING	74	B. AFTER EXERCISE	108	C. 2 MIN. AFTER	78
59. DISTANT VISION				60. Manifest REFRACTION				61. NEAR VISION			
RIGHT 20/ 100		CORR. TO 20/ 20		BY		Glasses Worn		CX		20/50	
LEFT 20/ 200		CORR. TO 20/ 30		BY		S		CX		20/50	
62. METEOROPHORIA (Specify distance)											
ES° --		EX° --		R. H. --		L. H. --		PRISM DIV. --		PRISM CONV. CT --	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT -- LEFT --				-- Passes VTS-CV				UNCORRECTED --			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
Normal				NIBH				69. INTRAOCULAR TENSION			
70. HEARING				71. Maico AUDIOMETER							
RIGHT WV -- /15 SV -- /15				250 500 1000 2000 3000 4000 6000 8000							
LEFT WV -- /15 SV -- /15				RIGHT X 0 0 0 35 50 30 X							
				LEFT X -10 0 10 35 25 20 X							
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

Mumps and whooping cough as a child; no complications or sequelae.
 Sinusitis, mild; seasonal.
 Tonsillectomy age 5; no complications or sequelae.
 Rhinoplasty age 32; no complications or sequelae.
 Denies any other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Is qualified for FBI Duty.											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE		b6 b7C			
CAPT USAP MC											
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE		NUMBER OF AT. TACHED SHEETS			

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 Kirby NE, Albuquerque, N.M.		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11/4/64	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH NEW YORK, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN WIFE - SAME	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 4900th USAF DISPENSARY (SWDMF)			16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

EXCELLENT

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR SIBLING OR WIFE		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER	74	GOOD				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS
MOTHER		DECEASED	HEART ATTACK	64		<input checked="" type="checkbox"/>	HAD SYPHILIS
SPOUSE		EXCELLENT				<input checked="" type="checkbox"/>	HAD DIABETES
BROTHERS		..				<input checked="" type="checkbox"/>	HAD CANCER
AND		..				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE
SISTERS		..			<input checked="" type="checkbox"/>		HAD HEART TROUBLE
CHILDREN		EXCELLENT				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE
		..				<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)
		..				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES
		..				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)
		..				<input checked="" type="checkbox"/>	COMMITTED SUICIDE
		..				<input checked="" type="checkbox"/>	BECOME INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		COITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SWEATING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		PLEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. Infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINING SPELLS	<input checked="" type="checkbox"/>		PALMITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE
<input checked="" type="checkbox"/>	WORN HEARING AIDS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT

22. FEMALES ONLY: A. HAVE YOU EVER—

<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	SHED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

B. COMPLETE THE FOLLOWING:

<input checked="" type="checkbox"/>	BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
<input checked="" type="checkbox"/>	HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

1

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

MONTHS 17 YEARS

25. WHAT IS YOUR USUAL OCCUPATION?

SPECIAL AGENT, FBI

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

ENCLOSURE 67-414041-168

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

TONSILLECTOMY - AGE 5
DEVIATED SEPTUM AGE 32

BROKEN TOE AGE 38

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

JOSEPH F. CONDON

Joseph F. Condon

42. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive findings in Items 20 thru 39)

Mumps and whooping cough as a child; no complications or sequelae.
Sinusitis, mild; seasonal.
Tonsillectomy age 5; no complications or sequelae.
Rhinoplasty age 32; no complications or sequelae.
Denies any other significant medical or surgical history.

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

DAFF USAF

1 Nov 1961

U. S. GOVERNMENT PRINTING OFFICE

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-414141 168

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Dec 1 2 16 PM '64

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

CAPT USAF MC

(Signature of Medical Examiner)

10 November 1964
(Date)

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/23/64

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
 _____ by _____ that he can operate a Bureau car
 (date) (name of person giving instruction)
 only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

SA CONDON has made an appointment to have his eyes checked.
 Bureau will be advised when his vision has been corrected to
 20/20 in each eye. SA CONDON has been advised that he must wear
 glasses when operating Bureau vehicles.

1 - Bureau (Enc.-4)

1 - Albuquerque

/fd

(2)

ENCLOSURE

DEC 2

1964

NOT RECORDED-91

THREE

will follow
12-2-64

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/15/64

FROM : SAC, ALBUQUERQUE (67-2177)

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☒ Remylet 11/23/64
☐ ReBulet

☐ Re physical examination
☐ Dental work was completed on
☒ Vision has been corrected to 20/20 in each eye Employee specifically instructed
11/23/64 by SAC DILLARD W. HOWELL that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty
☐ Employee's physical condition is
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau
 1 - Albuquerque
 /fd
 (2)

*no further action
 jpr
 12-18-64*

76
 67-NOT RECORDED
 9 DEC 21 1964

THREE
jpr

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

FROM : *[Signature]* SAC, ALBUQUERQUE

SUBJECT: SA JOSEPH F. CONDON
PERSONNEL MATTER

DATE: 2/19/65

[Handwritten signature]

During an official investigation in connection with case captioned, "UNSUBS (2), aka [redacted] Mexican Female, [redacted] OO: EL PASO," SA CONDON interviewed [redacted] on 2/12/65. This interview lasted from 11:05 a.m. until 11:30 a.m., and during the course of the interview [redacted] advised that she is

[redacted]
[redacted] stated that she is still
[redacted]

b6
b7C

SA CONDON has requested that this interview be made a matter of record in his personnel file.

② - Bureau
1 - Albuquerque
JFC/jse
(3)

*Let to SAC
Re: Precaution*

REC-137 *Wgk*
2-25-65

67-414041-169	
Searched	Numbered <i>75</i>
7 MAR 1 1965	

FEB 53 1 35 PM '65

FBI
REC'D - ALBUQUERQUE

[Handwritten signature]
THREE



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, ALBUQUERQUE

DATE: 3-11-65

FROM : Director, FBI

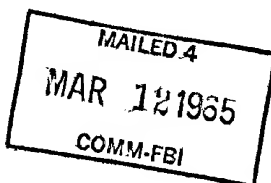
PERSONAL ATTENTION

SUBJECT: **JOSEPH F. CONDON**
SPECIAL AGENT
EXPOSURE TO TUBERCULOSIS

- ☒ ReBulet 2-25-65
- ☐ Reurlet _____
- ☐ Re Physical Examination _____
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☒ Submit reply by 3-21-65
- ☐

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

WGK
(2)



NOT RECORDED
8 MAR 1965
ATTENTION PERSONNEL SECTION
MAIL ROOM ☐ TELETYPE UNIT ☐

MP
WST

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, ALBUQUERQUE

DATE: 2-25-65

FROM : Director, FBI

PERSONAL ATTENTION

SUBJECT: **JOSEPH F. CONDON**
SPECIAL AGENT
EXPOSURE TO TUBERCULOSIS

☐ ReBulet _____

☒ Reurlet 2-19-65

☐ Re. Physical Examination _____

☐ Advise Bureau date captioned employee scheduled for physical examination.

☐ Submit Physical Examination Report.

☐ Advise Bureau re physical condition.

☐ Advise Bureau if dental work has been completed.

☐ Advise Bureau if vision has been corrected to 20/20.

☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.

☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.

☐ Submit Bureau of Employees' Compensation forms.

☐ Advise if medical bills submitted have been paid.

☐ Submit reply by _____

MAILED 19

FEB 26 1965

COMM-FBI

☒ It is suggested that SA Condon be afforded precautionary test in this matter. However, please bear in mind that any expenses incurred must be borne by Agent; unless, of course, tests can be arranged on a courtesy basis with your Government medical facility. Please advise of action planned by Agent.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

WKG
(2)

REPLY ☒ ATTENTION PERSONNEL SECTION

MAIL ROOM ☒ TELETYPE UNIT ☐

WKG

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 3/16/65

ATTN: ADMINISTRATIVE DIVISION

FROM : SAC, ALBUQUERQUE (67-

SUBJECT: JOSEPH F. CONDON
SPECIAL AGENT
EXPOSURE TO TUBERCULOSIS

Re Bulets 2/25/65 and 3/11/65.

SA CONDON contacted his personal physician, [redacted]
[redacted] who recommended chest x-ray 30 days after
exposure.

b6
b7C

The New Mexico Department of Public Health was contacted in order to obtain a chest x-ray. This organization recommended a tuberculin skin test and if the results are positive, then a chest x-ray. They advised that a chest x-ray at this stage would show negative. Therefore SA CONDON will obtain a tuberculin skin test on March 18, 1965. As soon as the results of this test are received the Bureau will be advised and the recommendations of the Department of Public Health will be followed.

2 - Bureau
1 - Albuquerque
/fd
(3)

*will follow
wgh
3-19-65*

REC-148

37-414041-170
67

1 MAR 24 1965

*wgh
THREE*

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 3/24/65

FROM: *DW* SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
EXPOSURE TO TUBERCULOSIS

Re Albuquerque letter to the Bureau dated 3/16/65.

SA CONDON was given a tuberculin skin test on 3/18/65 and the results were checked by the New Mexico Department of Public Health on 3/22/65. At that time the results were negative. The Department of Public Health has advised SA CONDON that he will be contacted in the future to have a chest x-ray and any other tests they feel are necessary, therefore no further action is being taken by the Albuquerque Office and Mr. CONDON will follow the instructions of the New Mexico Department of Public Health. The Bureau will be advised of the results of the chest x-ray and/or any other tests afforded CONDON.

2 - Bureau
1 - Albuquerque
/fd
(3)

*will follow
wz
3-29-65*

REC-146

67- 414041-171	
Searched	Numbered
9 MAR 30 1965	

7 APR 1, 1965 *23*

WJH
THREE



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping, and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	3/12/65	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<div style="border: 1px solid black; width: 200px; height: 20px; display: inline-block;"></div> b6 b7C	WIFE

Address
1309 Kirby NE, Albuquerque, N.M.

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

MAR 17 1965

J. Edgar Hoover, Director

Special Agent

Joseph F. Condon
Special Agent

2-ecd

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL)

Condon Joseph F.

DATE

3/15/65

DIVISION AND SECTION ASSIGNED

Albuquerque

POSITION TITLE

Special Agent

THIS IS TO CERTIFY THAT I PRESENTLY ☒ HOLD ☐ DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.PERMIT ISSUED BY: New Mexico
(STATE, TERRITORY
POSSESSION, DISTRICT)

PERMIT NUMBER

179478

PERMIT EXPIRES

3/31/66

THIS IS AN ~~UNRESTRICTED~~ (RESTRICTED) PERMIT. (IF RESTRICTED, EXPLAIN BELOW)
(STRIKE OUT ONE)

Glasses

THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY 15,000 MILES. DURING THIS TIME (A) I ☐ HAVE ☒ HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I ☐ HAVE ☒ HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.

* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.



SIGNATURE OF OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL)

HOWELL, DILLARD W.

POSITION TITLE

SAC

DATE

3/30/65

THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:



CONTINUOUS SAFE DRIVING RECORD



INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **

I CERTIFY THAT THIS EMPLOYEE IS:



QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS.



NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.

REMARKS:



** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.



(SIGNATURE OF REVIEWING OFFICIAL)

*reproduction
reference*

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT GS-13Rating Period: from 4/1/64 to 3/31/65ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials
*DC*Rated by: *Richard W. Howell* SAC 3/31/65
Signature Title DateReviewed by: *W. P. Callahan* Assistant Director APR 28 1965
Signature Title DateRating Approved by: *W. P. Callahan* Assistant Director APR 28 1965
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

8 MAY 4 1965

0-17 re #8 & #14
of Comments
11-19-65 cyp*amended
per 4/29/65
m*

REG-145

67-414041-172	
Searched	Numbered
APR 14 1965	

THREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JOSEPH F. CONDONTitle SPECIAL AGENTRating Period: from 4/1/64 to 3/31/65

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining objective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>+</u> (2) Personality and effectiveness of his personal contacts. | <u>✓</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>+</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>+</u> (a) Investigative reports <u>+</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>O</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>+</u> (21) Executive ability: <ul style="list-style-type: none"> <u>+</u> (a) Leadership <u>+</u> (b) Ability to handle personnel <u>+</u> (c) Planning <u>+</u> (d) Making decisions <u>+</u> (e) Assignment of work <u>+</u> (f) Training subordinates <u>+</u> (g) Devising procedures <u>+</u> (h) Emotional stability <u>+</u> (i) Promoting high morale <u>+</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>+</u> (a) As leader <u>+</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>+</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>+</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>+</u> Dictation ability <u>Excellent</u> |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>+</u> (a) Internal security cases <u>+</u> (b) Criminal or general investigative cases <u>+</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>+</u> (e) Accounting cases | |
| <u>+</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Criminal; applicant; security

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? NO (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JFC

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: CONDON dresses neatly and in good taste and represents the Bureau well. He has a quiet and effective personality, is well regarded by police officers and officials and the public with whom he comes in contact.
2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS: During the rating period he has assisted in the arrest of fugitives, conducted surveillances in Anti-Racketeering cases and proven a definite ability to participate in raids and dangerous assignments in an excellent manner.
3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION: CONDON is available for special assignment but is not available for general assignment due to a family health problem which resulted in his transfer to the Albuquerque Office.
4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED: By letter dated, 7/24/64, CONDON was transferred to Albuquerque from SOG, arriving in Albuquerque 8/14/64. Since his arrival he has been assigned to work under the direct supervision of the SAC and has handled criminal and security investigations on the desk of the SAC and ASAC. He has proven his ability to handle complicated investigative matters and requires minimum supervision. He is presently the case Agent on a major bank robbery investigation and has proven a definite administrative ability in handling a special investigation of this nature. Prior to arriving in Albuquerque he had been assigned to the Seat of Government for many years and worked in the Domestic Intelligence Division at time of transfer. He was rated excellent on his transfer from SOG. Even though the transition presented many problems and situations CONDON displayed an outstanding attitude and has demonstrated his ability to adjust in a superior manner. Even though he has worked extensively in the security field he has adapted well to criminal investigations. He is intelligent, dependable, trustworthy and a loyal Bureau employee. By letters dated 8/14/64, 9/18/64 and 10/23/64, military representatives forwarded letters to the Director commending CONDON for speeches he made before military groups on subject of Communism and related matters. CONDON is performing his over-all duties in an excellent manner.


INITIALS

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

NA

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list).

NA

7. PARTICIPATION IN INFORMANT PROGRAMS: CONDON has not developed a CI since his arrival in Albuquerque but has developed one PCI and valuable sources of information. As pointed out above he did not arrive in Albuquerque until 8/14/64 therefore has had certain limitations in the development of informants but he has the capability and it is expected he will develop a CI in the near future.

8. TESTIFYING EXPERIENCE AND ABILITY:
Due to the nature of his assignments since his arrival in Albuquerque he has not testified. In view of his experience, maturity and ability to express himself, it is believed this Agent is fully qualified to handle any type of testimony which might arise in connection with his official duties.

9. ACCOUNTING INFORMATION:

NA.

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA


INITIALS

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

N/A

13. FOREIGN LANGUAGE ABILITY:

N/A

Language in which proficient _____
Completed language school ☐ Yes ☐ No
Fluent in _____ language to extent Agent can handle typical investigative
problems as follows: (1) Conversation form ☐ Yes ☐ No
(2) Written form ☐ Yes ☐ No
Evaluate language proficiency in each phase as excellent, very good, good, fair or
unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:
Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. ☒ Yes ☐ No
(b) Agent is completely available for administrative advancement. ☐ Yes ☒ No
(c) Agent is considered completely qualified at present for
administrative advancement; including experience, ability,
personality and appearance. ☐ Yes ☒ No
(d) If answer to (c) is "Yes," Agent's qualifications considered
☐ very good ☐ excellent ☐ outstanding
(e) If answer to (c) is "No," Agent considered to have potential
for future administrative advancement. (If applicable,
explanatory comments required.) ☒ Yes ☐ No

SA CONDON not available for administrative advancement due to
family health problem.

DILLARD W. HOWELL, SAC


INITIALS

July 20, 1965

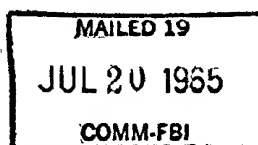
Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

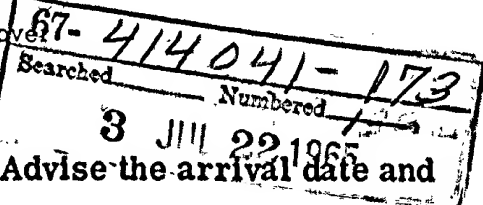
Your headquarters are changed from **Albuquerque, New Mexico,** to **Hobbs, New Mexico,** effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$16.00 per day within the U. S., \$6.00 per day for air travel, rail travel, and ocean travel by steamship outside the continental limits of the U. S., transportation expenses for your immediate family, and transportation costs of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, dated November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier, as prescribed by Section 3.5b(2) of the Standardized Government Travel Regulations, over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

Very truly yours,

John Edgar Hoover
Director



REC-141



1 - SAC, Albuquerque (Personal Attention) Advise the arrival date and address of Resident Agent Condon at Hobbs.

Based on memo from SAC, Albuquerque 7/14/65, and addendum of Administrative Division FRP:jap, 7/16/65.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holloman _____

100-441102-231
JUL 23 1965
(4)

MAIL ROOM ☐ TELETYPE UNIT ☐



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	6/4/65	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>	WIFE
Address b6 b7C	
1309 Kirby NE, Albuquerque, New Mexico	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 9 1965 13

J. Edgar Hoover, Director

Special Agent

Joseph F. Condon

8-eccl

Blairford

JOSEPH F. CONDON

Title: Special Agent

EOD: 1/20/47 (SE - Agent)
7/27/47 (Agent)

Grade: GS-13 at \$15,015

Veteran

SAC BLAYLOCK: This write-up is submitted inasmuch as SA CONDON is not available for general assignment due to a family health problem which resulted in his transfer to the Albuquerque Office.

SA CONDON is a mature individual who makes an excellent personal appearance and displays a quiet and effective personality which has been well received by law enforcement officials, and the general public with whom he comes in contact. He has been assigned to the Albuquerque Division since August of 1964, after previous service for a number of years at the Seat of Government in the Domestic Intelligence Division. Since his arrival he has handled general and criminal investigations and demonstrated an ability to function effectively as a resident agent. He was transferred effective August 3, 1965 to the Hobbs, New Mexico Resident Agency. CONDON is an intelligent, dependable, trustworthy and loyal Bureau employee who should continue to operate effectively in his new capacity as a resident agent.

SA CONDON is completely available for special assignment wherever the needs of the Bureau may require, however his availability for general assignment is limited to a high dry climatic condition because of a serious health problem in his family, with which the Bureau is thoroughly familiar. He has no physical limitations affecting his work and is considered capable of handling complicated types of criminal or security investigations.

SA CONDON is desirous of administrative advancement however he is not considered completely available at this time due to the family health problem and his limited availability for general assignment. If his family problem is alleviated he will be considered as having excellent qualifications for such a position.

Rating: Excellent

ALBUQUERQUE INSPECTION

8/25/65

JWB:fd

143
See Inspector's Comments Page Two *2*

10
3-34
67 NOT RECORDED
7 30

ml
R. C. HALSTEAD, INSPECTION STAFF:
R. B. Lavin:bhg, 9/23/65)

SA Condon was transferred to the Albuquerque Office from the Domestic Intelligence

Division on August 14, 1964. He is not available for general assignment due to a family health problem. He was assigned to the Hobbs Resident Agency on August 3, 1965.

SA Condon/makes an excellent and distinguished personal appearance and is a well-rounded Agent of many years' experience. Although his principal field for many years at the Bureau was research on communist matters he has readapted to the duties of a field Agent excellently./

SA Condon advised on interview that he is still most appreciative to the Director for having transferred him to Albuquerque and a noticeable improvement has been seen in the health of his children. He continues to follow communist matters in various publications and although he believes the chances are slim due to the family health problem he would like nothing more than to resume duties at SOG.

SA Condon is fully qualified to act as a Resident Agent and should continue to be carried as unavailable for general assignment, in view of his family's health problems.

2

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 9/17/65

FROM: SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
EXPOSURE TO TUBERCULOSIS

Re Bulet 9/14/65.

SA CONDON was afforded a chest x-ray today at the Public Health facility in Albuquerque. The results will be forwarded to the Bureau as soon as available.

2 - Bureau
1 - Albuquerque
/fd
(3)

*noted
9-23-65
will
JL*

REC-138

67-414041-174
Indexed _____ Numbered _____
1 SEP 24 1965



139
9 SEP 26 1965

THREE
JL

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

SAC, ALBUQUERQUE

9-14-65

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
SPECIAL AGENT
EXPOSURE TO TUBERCULOSIS

☐ ReBulet _____☒ Reurlet 3-24-65☐ Re Physical Examination _____☐ Advise Bureau date captioned employee scheduled for physical examination.☐ Submit Physical Examination Report.☐ Advise Bureau re physical condition.

Advise Bureau if dental work has been completed.

☐ Advise Bureau if vision has been corrected to 20/20.☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms. *
☒ Submit results of ☒ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
☐ Submit Bureau of Employees' Compensation forms.☐ Advise if medical bills submitted have been paid.☐ Submit reply by _____☐

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

JA
 (2)

MAILED 6

SEP 15 1965

COMM-FBI

1 RECD
 SEP 17 1965
 ATTENTION PERSONNEL SECTION

MAIL ROOM ☒TELETYPE UNIT ☐

Mc-1034

UNITED STATES GOVERNMENT

Memorandum *H sa*

TO : Director, FBI 072-12-9337

DATE: 9/17/65

FROM: *MB* JOSEPH F. CONDON
(Name of employee)
SPECIAL AGENT
(Title)

Attention: Movement Unit *past*

SUBJECT: OFFICES OF PREFERENCE

Please list my offices of preference as follows:

1. ALBUQUERQUE *3020*
2. *0000*
3. *0000*

1 - Bureau
1 - Albuquerque

139
/fd.

6(2)

9 SEP 24 1965

SEP-22-1965

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 10/4/65

FROM : SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
EXPOSURE TO TUBERCULOSIS

Re Bulet 9/14/65, and Albuquerque letter to the Bureau dated 9/17/65.

Attached herewith is a letter received from the Bernalillo County Health Department, Albuquerque, which is self-explanatory.

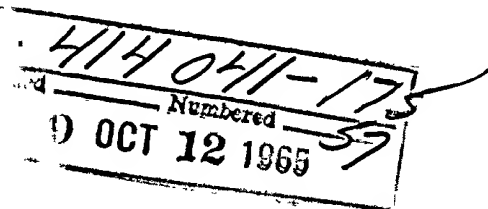
UACB no further action will be taken.

2 - Bureau (Enc.-1)
1 - Albuquerque
/fd
(3)

*no further action
2/10-8-65*

ENCLOSURE *att*

REC-144



[Signature]
OCT 15 1965

THREE
gr



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

BERNALILLO COUNTY HEALTH DEPARTMENT

1111 STANFORD DRIVE N.E.
ALBUQUERQUE NEW MEXICO 87106

[REDACTED]
DISTRICT III HEALTH OFFICER

BERNALILLO COUNTY
SANDOVAL COUNTY
PHONE 268-4535

b6
b7C

ROBERT FRIEDENBERG, M.D.
CHAIRMAN
DISTRICT III BOARD OF HEALTH
BERNALILLO COUNTY
SANDOVAL COUNTY

October 1, 1965

Federal Bureau of Investigation
P. O. Box 1356
Albuquerque, New Mexico

In re: Condon, Joseph
1309 Kirby N E
DOB: 3-16-20

To Whom It May Concern:

The following is a report of an x-ray done September 17, 1965
on agent Joseph Condon.

65-2380, 9-17-65: This film is apparently normal
and does not indicate the presence of active par-
enchymal pulmonary disease. Routine re-examina-
tions are not necessary.

W. F. Rosenblatt, M. D.

In addition, Mr. Condon also received a Mantoux test on March
18, 1965 with a resulting NEGATIVE reading.

Sincerely,

[REDACTED]

b6
b7C

Chest Clinic Nurse

Approved by:

[REDACTED]

(Acting) District III Health Officer

MN:cc

67-414041-175
ENCLOSURE

October 14, 1965

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear **Mr. Condon:**

Your headquarters are changed from **Hobbs, New Mexico,** to **Roswell, New Mexico,** effective upon your arrival there on or after this date. This change is made for official reasons and you will be allowed transportation expenses and per diem at the rate of \$16.00 per day within the U. S., \$6.00 per day for air travel, rail travel, and ocean travel by steamship outside the continental limits of the U. S., transportation expenses for your immediate family, and transportation costs of household goods and personal effects as provided for in Public Law 600 dated August 2, 1946, and Executive Order 9805, dated November 25, 1946, as amended. You are authorized to use your privately owned automobile and you will be reimbursed at the rate of ten cents per mile plus incidental expenses, not to exceed the cost by common carrier, as prescribed by Section 3.5b(2) of the Standardized Government Travel Regulations, over the most direct route for all persons officially traveling therein. Should your dependents travel separate and apart from you, expenses will be allowed under the same conditions as above.

MAILED 6

OCT 14 1965

COMM-FBI

Very truly yours,

John Edgar Hoover

Director

REC-141

67-414041-176
 Searched _____ Numbered _____
 3 OCT 18 1965

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

1 - SAC, Albuquerque (Personal Attention) Advise the arrival date and address of Senior Resident Agent Condon at Roswell.

Based on airtel from SAC, Albuquerque 10/8/65, and addendum of Administrative Division RRB:jap, 10/14/65.

MAIL ROOM ☐ TELETYPE UNIT ☐

SAC, Albuquerque (67-56)

October 14, 1965

Director, FBI

PERSONAL ATTENTION

**RESIDENT AGENCIES
ALBUQUERQUE OFFICE**

**Reurairtel 10-8-65 captioned "Assignment of Agents,
Albuquerque Office."**

**You are authorized to close the Hobbs Resident Agency
and to add this territory to the Roswell Resident Agency. Promptly
advise General Services Administration that you are releasing the
Hobbs Resident Agency office space.**

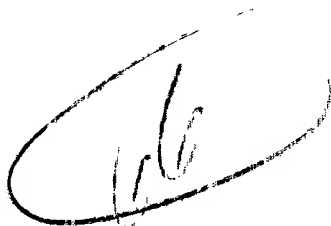
**By separate communications, SA Joseph F. Condon is
being ordered to Roswell as Senior Resident Agent and the head-
quarters of SA [redacted] are being fixed at Roswell.**

b6
b7C

- 1 - C. Q. Smith**
① - Personnel File of SA Joseph F. Condon
1 - Personnel File of SA [redacted]

**RRB:jap
(7)**

**Based on Albuquerque airtel, 10-8-65, and Addendum of Administrative
Division, 10-14-65, RRB:jap.**



FBI

Date: 10/8/65

Transmit the following in _____
(Type in plaintext or code)

Via AIRTEL

(Priority)

TO: DIRECTOR, FBI

ATTN: ADMINISTRATIVE DIVISION

FROM: SAC, ALBUQUERQUE (67-56)

ASSIGNMENT OF AGENTS
ALBUQUERQUE OFFICE

By separate communication, SA [redacted] Senior Resident Agent, Roswell, New Mexico, where two agents are assigned, has submitted his resignation effective November 5, 1965. It will be necessary to replace [redacted] with a Senior Resident Agent. The second Agent now assigned is SA [redacted] who will not have completed three years as an Agent until [redacted]

The Roswell Resident Agency is immediately adjacent to the Hobbs Resident Agency, the latter of which is a one-man resident agency. SA JOSEPH F. CONDON is assigned to Hobbs. He is a veteran agent and was recently transferred from headquarters city to Hobbs but has not established a permanent residence in Hobbs due to unavailability of suitable housing.

The ASAC and I have carefully reviewed the situation with regard to resident agencies and we both feel that it would be to the advantage of the Bureau to close the Hobbs Resident Agency at this time and transfer SA CONDON to nearby Roswell as Senior Resident Agent. It is also felt that SA [redacted] who is serving in his first office, should be transferred from headquarters city to Roswell, where he could work under the supervision of the SRA. This would make Roswell a three-man Resident Agency and it would take over the present case load of the Hobbs RA on a road trip basis.

The Hobbs RA is in the remote southeastern part of New Mexico and the area is sparsely settled. Hobbs and Lovington are the only towns of any size. The majority of the work involves leads. The Hobbs RA territory has never been a good producer of statistical accomplishments since only a limited number of substantive criminal investigations originate in that territory. Thus it is felt from the standpoint of economy it would be better to handle it as a road trip territory out of the Roswell Resident Agency since an Agent can drive to any point from Roswell to the

3 - Bureau

1 - Albuquerque

LB:fd (4)

Approved: _____
Special Agent-in Charge

Enclosures

See Administrative Division Addendum, Page 2a.

REC-139

67-442790-1006

OCT 20 1965

M

Per

THREE

b6
b7c

AQ 67-56

territory easily within two hours.

An analysis has been made of the case load as of 10/8/65 for both the Roswell and Hobbs Resident Agencies and the combined case load for both would be 88 cases and 7 leads, making a total of 95 investigative matters. This would represent 31.6 investigative matters each for three agents.

The present Hobbs Resident Agency space is located in the New Mexico Bank and Trust Company building and could be turned back to GSA. The present space in Roswell has two rooms and is suitable for three agents.

After careful review, it is felt the following recommendations should be made to the Bureau for its consideration and decision:

1. That the Hobbs RA be closed.
2. SA JOSEPH F. CONDON, Hobbs Resident Agent, be transferred to Roswell as SRA.
3. That SA be transferred from Albuquerque to the Roswell RA.
4. That Albuquerque, when above completed, be authorized to release the Hobbs RA space to GSA after the transfers are effected.

b6
b7C

SAC, Albuquerque recommends Hobbs Resident Agency be closed, the territory added to the Roswell Resident Agency, and that SA Condon be transferred from Hobbs to Roswell as Senior Resident Agent replacing one who resigned. SAC also recommends third agent (SA [redacted]) be assigned in Roswell which is justified by work load of combined territories of 95 investigative matters or approximately 32 each for three agents. Resident agency space in Hobbs will be released to GSA.

Combining these two resident agencies is justified since SAC states there has been insufficient substantive cases in area to justify agent and statistical accomplishments are low. Area can be covered on road trip basis out of Roswell which would be economical.

SA Condon EOD 1-20-47 and is in GS 13, \$15, 015. He has been assigned to Hobbs since 8-3-65 but has not yet moved his family. He was previously assigned in the Domestic Intelligence Division from 6-22-52 until 8-14-64 when ordered to Albuquerque at his request because of need for his family to reside in high and dry climate. Assignment in Roswell still fits this situation although Condon not yet available for general assignment.

SA [redacted] EOD [redacted] and is in GS 10, \$7900. He has been in Albuquerque since 3-4-65 and was rated Satisfactory on annual performance report 6-30-65. He has not been censured nor commended and SAC feels he is well qualified to serve in Roswell under the guidance of experienced Senior Resident Agent.

b6
b7C

RECOMMENDATIONS:

(1) That the Hobbs Resident Agency be closed and the territory added to the Roswell Resident Agency.

(2) That SA Joseph F. Condon be transferred from Hobbs to Roswell as Senior Resident Agent.

(3) That the headquarters of SA [redacted] be fixed at Roswell, New Mexico.

If you approve, appropriate communications attached.

RRB *WES* *K. J. [unclear]* *since* *W. J. [unclear]*

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
	1-17-357

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE		DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE			
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE			
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)			
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY	

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			<i>2/2/65</i>

☐ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
28 OCT 15 1965

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

(DATE)

PERSONNEL FILE COPY

db

REPORT OF MEDICAL EXAMINATION

88-109-01

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, Joseph Francis			2. GRADE AND COMPONENT OR POSITION -		3. IDENTIFICATION NO. -
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 Kirby NE, Albuquerque, N.M.			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 2 Nov 65
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY - CIVILIAN -		10. AGENCY FBI	11. ORGANIZATION UNIT -
12. DATE OF BIRTH (45) 16 Mar 20	13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN same as #4 wife, b6 b7C		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 812 Med Gp, Walker AFB NMex			16. OTHER INFORMATION -		
17. RATING OR SPECIALTY -			TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
(Check each item in appropriate column; enter "NE" if not evaluated)	
<input checked="" type="checkbox"/> 18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/> 19. NOSE	
<input checked="" type="checkbox"/> 20. SINUSES	
<input type="checkbox"/> 21. MOUTH AND THROAT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> 22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/> 23. DRUMS (Perforation)	
<input checked="" type="checkbox"/> 24. EYES—GENERAL (Visual acuity and refraction under items 69, 80 and 87)	
<input checked="" type="checkbox"/> 25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/> 26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/> 27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/> 28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/> 29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/> 30. VASCULAR SYSTEM (Vascularities, etc.)	
<input checked="" type="checkbox"/> 31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/> 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Proctitis, if indicated)	
<input checked="" type="checkbox"/> 33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/> 34. G-U SYSTEM	
<input checked="" type="checkbox"/> 35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/> 36. FEET	
<input checked="" type="checkbox"/> 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/> 38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/> 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/> 40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/> 41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/> 42. PSYCHIATRIC (Specify any personality deviation)	
<input type="checkbox"/> 43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

19. Adequate airway

21. Tonsils enucleated

32. Rectal and prostate exam normal

2411
ENCLOSURE
REC-137

67-414 041-177
8 NOV 19 1965 37

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																			
R	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	X	L	
I		31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F		
G	X																X	E	
H																			
T																		T	

Type 3 Exam, Class 1
Qualified
JDH

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.028		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN Negative	D. MICROSCOPIC Negative	14x17 J-6309 2 Nov 65	
C. SUGAR Negative		Walker AFB NMex Negative	
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL: Negative	Normal	B-Pos by rec	Hemoglobin 18.0 gms%

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69	52. WEIGHT 145	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER MEDIUM HEAVY OBESE X	56. TEMPERATURE 98.2																											
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)																													
A. SITTING SYS. 110 DIAS. 72	B. RECUMBENT SYS. / DIAS. /	C. STANDING (3 min.) SYS. / DIAS. /	A. SITTING 84	B. AFTER EXERCISE 112	C. 2 MIN. AFTER 92																											
59. DISTANT VISION			60. REFRACTION Manifest																													
RIGHT 20/70	CORR. TO 20/20	BY +0.25 S. -2.50	CX 95	20/50	CORR. TO 20/20 BY +1.75																											
LEFT 20/100	CORR. TO 20/20	BY +0.25 S. -2.75	CX 94	20/70	CORR. TO 20/20 BY +1.75																											
62. METEOROPHORIA (Specify distance)																																
ES° -	EX° -	R. H. -	L. H. -	PRISM DIV. -	PC - PD -																											
63. ACCOMMODATION			64. COLOR VISION (Test used and result)																													
RIGHT -	LEFT -	VTS-CV Passes																														
66. FIELD OF VISION Normal-Full			67. NIGHT VISION (Test used and score) -																													
68. RED LENS TEST -			69. INTRAOCULAR TENSION 17.3 bilat																													
70. HEARING			71. AUDIOMETER																													
RIGHT WV - /15 SV - /15	<table border="1"> <tr> <td></td> <td>250 250</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 3072</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>/</td> <td>0</td> <td>5</td> <td>5</td> <td>35</td> <td>40</td> <td>45</td> <td>/</td> </tr> <tr> <td>LEFT</td> <td>/</td> <td>5</td> <td>10</td> <td>15</td> <td>50</td> <td>35</td> <td>30</td> <td>/</td> </tr> </table>						250 250	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192	RIGHT	/	0	5	5	35	40	45	/	LEFT	/	5	10	15	50	35	30	/
	250 250	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192																								
RIGHT	/	0	5	5	35	40	45	/																								
LEFT	/	5	10	15	50	35	30	/																								
LEFT WV - /15 SV - /15	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score) -																															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1. Mumps and pertussis in childhood, no comp, no seq.
2. Tonsillectomy in childhood, no comp, no seq.
3. Occasional mild sinusitis with URIs.
4. Glasses worn for corrective visual acuity.
5. Surgical correction of deviated septum 1952, no comp, no seq.
6. Denies all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

59. & 61. Defective vision, both eyes, corrected with lenses.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE					
		P	U	L	H	E	S
		-					
77. EXAMINEE (Check)		B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR		b6					
B. <input type="checkbox"/> IS NOT QUALIFIED FOR "is" General Duty		b7C					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER							
79. TYPED OR PRINTED NAME OF PHYSICIAN		CAPT MC FMO USAF					
80. TYPED OR PRINTED NAME OF PHYSICIAN		FURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE					
		NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 KIRBY NE. ALBUQUERQUE.		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 11/2/65	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 4 CIVILIAN 18	10. DEPARTMENT, AGENCY, OR SERVICE FBI		11. ORGANIZATION UNIT
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN SACHS, wife, 812th Medical Group, Walker AFB	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 812th Medical Group, Walker AFB					
16. OTHER INFORMATION					
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <i>Good</i>					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:		
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	RELATION(S)
FATHER	73	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS
MOTHER		DEAD	HEART ATTACK	68		<input checked="" type="checkbox"/>	HAD SYPHILIS
SPOUSE		Good				<input checked="" type="checkbox"/>	HAD DIABETES
		"				<input checked="" type="checkbox"/>	HAD CANCER
BROTHERS		"				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE
AND					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD HEART TROUBLE
SISTERS						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)
CHILDREN		"				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, WIVES
		"				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)
		"				<input checked="" type="checkbox"/>	COMMITTED SUICIDE
		"				<input checked="" type="checkbox"/>	BECN INSANE

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	bled excessively after injury or tooth extraction	<input checked="" type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 18		25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT FBI	
				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

67-414041-177

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
✓		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

TONSILLITIS - AGE 6
DEVIATED SEPTUM - AGE 32

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

Joseph F. Condon

Joseph F. Condon

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

1. Mumps and pertussis in childhood, no comp, no seq.
2. Tonsillectomy in childhood, no comp, no seq.
3. Occasional mild sinusitis with URIs.
4. Glasses worn for corrective visual acuity.
5. Surgical correction of deviated septum 1952, no comp, no seq.
6. Denies all other significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

2 Nov 65

CAPT MC FMO USAF

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE

b6
b7C

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee CONDON, JOSEPH P.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-414041-177 ENCLOSURE

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds *N/A*

Remarks: _____



b6
b7C

2 NOV 1965

(Date)

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/15/65

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
11/15/65 by SAC LEONARD BLAYLOCK that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc. - 4)

1 - Albuquerque

/fd

(2)

ENCLOSURE

1 wk
2 Hitz Phyz

67-NOT RECORDED-8

THREE

NOV 26 1965

Mr. Wick

1-20-66

M. A. Jones

**SPEECH MATTERS
APPROVAL OF ADDITIONAL SPEAKERS
SAC LETTER 65-57 (C)
ALBUQUERQUE OFFICE**

BACKGROUND:

Captioned SAC Letter advised the Bureau would consider approval of a limited number of additional approved Bureau speakers in order to reach key groups, particularly in distant places, in a more efficient and productive manner.

REQUEST OF ALBUQUERQUE OFFICE:

The Albuquerque Office has requested approval of two additional Bureau speakers, one in the Roswell, New Mexico, Resident Agency (RA) in the southern part of the state and one in the Santa Fe RA in northern part of New Mexico.

OBSERVATIONS:

Albuquerque is a Group III office, handling 1,000 to 1,999 investigative matters and having an Agent complement of some 37. During the ~~entire~~ months of calendar year 1965, Albuquerque handled 101 public appearance commitments (speeches, radio and television), 95 of these being personally handled by the SAC or ASAC.

It appears, for efficient handling of the speech program throughout the Albuquerque territory, it would be highly advantageous to approve both requested additional speakers.

DATA RE PROPOSED SPEAKERS:

SA Joseph F. Condon, who EOD 1-20-47 and is in GS-13, is Senior RA at Roswell, New Mexico. SA Condon, who served as a Supervisor at Bureau Headquarters from 1952 until 1964 when a critical health problem in his family required his transfer to the field, is an outstanding speaker who has very ably represented the Bureau on many occasions in speeches on communism. He has a fine appearance, was rated "Excellent" on his latest performance rating and is highly regarded for his contact ability.

Enclosure

Mr. Wick - Enclosure

Personnel File of SA Joseph F. Condon - Enclosure

Personnel File of SA Wirt R. Jones - Enclosure

JRH:mm (6)

Continued...

Tolson
DeLoach
Mohr
Casper
Callahan
Conrad
Felt
Gale
Rosen
Sullivan
Tavel
Trotter
Wick
Tele. Room
Holloman
Gandy

MAIL ROOM ☐ TELETYPE UNIT ☐

DUPLICATE YELLOW

23 WRS

M. A. Jones to Wick Memo
RE: Speech Matters

SA Wirt R. Jones, who EOD as Special Agent 8-31-42, resigned 12-31-47 and was reinstated 1-14-49, is Senior RA at Santa Fe, New Mexico, in GS-13. His latest performance rating was "Excellent" and he was described as having an excellent appearance, outstanding personality and impressive contact ability.

RECOMMENDATION:

That SAs Joseph F. Condon of the Roswell Resident Agency, Roswell, New Mexico and Wirt R. Jones of the Santa Fe, Resident Agency, Santa Fe, New Mexico, be approved as Bureau speakers in the Albuquerque Office and the attached letter be forwarded to SAC, Albuquerque.

SAC, Albuquerque (67-56)

1-19-66

Director, FBI

**SPEECH MATTERS
APPROVAL OF ADDITIONAL SPEAKERS**

Reurlet 1-14-66.

Careful evaluation of your request for additional Bureau speakers has been afforded by the Bureau and, in consideration of the requirements of the over-all speech program and the particular needs and circumstances of your office, SA Joseph F. Condon, Senior Resident Agent at Roswell, New Mexico, and SA Wirt R. Jones, Senior Resident Agent at Santa Fe, New Mexico, are being approved in accordance with your recommendation.

Your continued personal leadership of the speech program is expected and the approval of SAs Condon and Jones is designed to permit more efficient and economical operation, as well as greater coverage of key groups of support. It is anticipated that your future speech program results will justify this action.

- 1 - Mr. Wick (sent with cover memo)
- 1 - Personnel File of SA Joseph F. Condon (sent with cover memo)
- 1 - Personnel File of SA Wirt R. Jones (sent with cover memo)

NOTE: See M. A. Jones to Wick memo dated 1-19-66, captioned, "Speech Matters, Approval of Additional Speakers, SAC Letter 65-57 (C), Albuquerque Office."

**JRH:mm
(8)**

Tolson _____
DeLoach _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Wick _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	12/28/65	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	b6 b7C	Relationship
[Redacted]		WIFE

Address 1309 Kirby NE, Albuquerque, New Mexico

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Very truly yours,

(Signature)
Special Agent

(Signature)
Special Agent

Recd

SEP 1 1966

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 2/2/66

ATTN: ADMINISTRATIVE DIVISION
MOVEMENT SECTION

FROM: SAC, ALBUQUERQUE

SUBJECT: JOSEPH F. CONDON
(Employee's present payroll name)

ALBUQUERQUE

(Division)

PAYROLL NAME (List as desired on payroll)

JOSEPH F. CONDON

ADDRESS AND PHONE CHANGE

Present phone number (city) 622-6845 Roswell, N.M.	2701 N. Orchard Roswell, N.M. 88201
<input checked="" type="checkbox"/> FD-310 enclosed	Local address (Number Street City State)

NOTE (The following must be executed in reporting BIRTHS or CHANGES IN MARITAL STATUS.)

Has spouse ever been an employee of the Bureau or an applicant for Bureau employment?				
1. <input type="checkbox"/> No	2. <input type="checkbox"/> Yes	<input type="checkbox"/> Present	<input type="checkbox"/> Former	<input type="checkbox"/> Applicant

MARITAL STATUS

Married to - Show full (maiden) name of spouse	Date and place of marriage
Data re spouse	
Birth date	Birthplace
Legal Residence	Occupation
Office indices re spouse and relatives (use Addendum, if necessary)	
Credit and arrest records re spouse (use Addendum, if necessary)	
FD-292 enclosed 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Date it will be submitted	
FD-310 enclosed 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No Date it will be submitted	
Name, address, and telephone number of person to be notified in case of emergency	

BIRTHS	
Girl named	Boy named
NOT RECORDED 9 FEB 9 1966	
Born on	Birthplace
To employee and (Name of spouse)	
This is their _____ child	

Enc. 1 - Bureau
2 - Albuquerque

THREE

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDON

Where Assigned: ALBUQUERQUE ROSWELL RESIDENT AGENCY
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from 4/1/65 to 3/31/66

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: [Signature] SAC 3/31/66
Signature Title Date

Reviewed by: [Signature] Assistant Director APR 18 1966
Signature Title Date

Rating Approved by: [Signature] Assistant Director APR 18 1966
Signature Title Date

REC-135
TYPE OF REPORT

- 3 APR 8 1966
- ☐ Official
☒ Annual
- ☐ Administrative
☒ 60-Day
☒ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

0-17 to AD
requesting award
N.C. pg 2 with new
info under #4
24-12-66
per
APR 29 1966
4-18-66
per

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JOSEPH F. CONDON Title SPECIAL AGENT

Rating Period: from 4/1/65 to 3/31/66

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
S Satisfactory (good or very good).
U Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>+</u> (16) Firearms ability. |
| <u>E</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>E</u> (a) Investigative reports <u>E</u> (b) Summary reports <u>+</u> (c) Memos, letters, wires (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>E</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>E</u> (20) Executive ability: <ul style="list-style-type: none"> <u>E</u> (a) Leadership <u>E</u> (b) Ability to handle personnel <u>E</u> (c) Planning <u>E</u> (d) Making decisions <u>E</u> (e) Assignment of work <u>E</u> (f) Training subordinates <u>E</u> (g) Devising procedures <u>E</u> (h) Emotional stability <u>E</u> (i) Promoting high morale <u>E</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability <u>Excellent</u> |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>O</u> (a) Internal security cases <u>E</u> (b) Criminal or general investigative cases <u>E</u> (c) Fugitive cases <u>E</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>E</u> (15) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? no (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe-driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: SA CONDON presents a neat, clean-cut appearance, dresses appropriately, has a friendly personality, and handles contacts with police officials and business executives in capable fashion.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS: He is well qualified to lead and participate in raids and dangerous assignments and has had considerable experience in the apprehension of criminals.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION: CONDON is available for special assignment but is not available for general assignment due to a health problem which resulted in his transfer to the Albuquerque Office from Seat of Government.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

From 4/1/65 to 8/3/65, SA CONDON was assigned to the headquarters city working on general, criminal and applicant cases. He performed excellent services while assigned to the headquarters city.

On 8/3/65, SA CONDON was transferred from Albuquerque to the Hobbs, N.M. Resident Agency, where one agent was assigned. The Hobbs RA was consolidated into the Roswell RA and on 10/19/65, SA CONDON was made SRA at Roswell where three agents are assigned. He handles all types of investigations in his territory except accounting. He has shown steady advancement in familiarizing himself with field operations and procedures after having served many years at SOG before arriving in Albuquerque. He is well qualified to handle the more complicated types of cases with a minimum of supervision. His reports and other communications are well prepared. He is an authorized Bureau speaker and has made several speeches since being approved. He has many years of experience in handling speeches and lectures and is a capable Bureau representative in this capacity.

During the rating period he has been responsible for 1 individual submitting an application for a clerical position but has not yet been successful in the appointment of a new employee.

SA CONDON has demonstrated during the rating period that he is an intelligent and capable agent who exercises ingenuity and initiative in discharging his responsibilities in excellent fashion.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: On 4/14/65, he was one of several Agents commended for excellent work in a bank robbery. On 7/19/65, the Director commended the Albuquerque Office for splendid statistical accomplishments. SA CONDON shared in this accomplishment.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

NA

7. PARTICIPATION IN INFORMANT PROGRAMS: During the rating period SA CONDON has worked in Albuquerque headquarters, Hobbs RA and Roswell RA. He has been successful in qualifying 2 CIs and has taken over handling numerous CIs and PCIs submitted by other Agents in RAs. He has been effective and has made substantial contributions to the

8. TESTIFYING EXPERIENCE AND ABILITY: CI Program.

He testified on 2 occasions before the Federal Grand Jury and at four U.S. Commissioner hearings and makes an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS: On 8/3/65, SA CONDON was assigned to the Hobbs RA where one agent was assigned. This RA was consolidated into the Roswell RA and on 10/19/65 he became SRA at Roswell, where three Agents are assigned. He has demonstrated during this period that he is well qualified to serve in this capacity.


Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____
Completed language school ☐ Yes ☐ No
Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No
(2) Written form ☐ Yes ☐ No
Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:
Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. ☒ Yes ☐ No
(b) Agent is completely available for administrative advancement. ☐ Yes ☒ No
(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☒ Yes ☐ No
(d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☒ excellent ☐ outstanding
(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

SA CONDON is not available for administrative advancement due to family health problems.

LEONARD BLAYLOCK, SAC


Initials

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 5/4/66

FROM: SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
(Employee)

ALBUQUERQUE

(Division)

MPB
70let

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)		
<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Disease
<input type="checkbox"/> Operation		(Date of surgery and postoperative condition must be indicated under Remarks)
Date sick leave commenced	Date ceased active duty	Expected date of return to duty
Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence		
Address:		

Remarks:

REC-139

67-414 041-179
Searched
Numbered 83
3 MAY 9 1966

DEATHS

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
JAMES CONDON						<input type="checkbox"/> Other
(Name of deceased)						(Relationship)
Date and place of death						
4/30/66		Pala Frugell (Gerona) Spain				
Employee's residence address						
2701 N. Orchard, Roswell, New Mexico 88201						
If employee is leaving residence because of this death, what will be his temporary address, and when (time and date) does he plan to leave there to return home? Also indicate anticipated time and date of return home.						
c/o Omaha Office						
7:45 a.m., 5/3/66			Plans to be on duty in Roswell			
Time and date of departure			8:15 a.m., 5/6/66			
			Anticipated time and date of return			

Remarks: SA CONDON's brother died of a heart attack. Burial to be in Iowa.

1 - Bureau
1 - Albuquerque
/fd
(2)

Dr. King
note
5-6-66
h

THREE

May 6, 1966

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

I want to extend my sincere sympathy
to you on the passing of your brother.

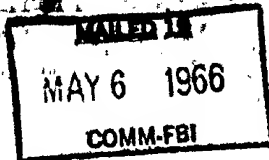
I do hope you will gain some solace from
knowing that your friends in the FBI are thinking of you,
and that we are sharing your grief.

Sincerely,

J. Edgar Hoover

1- SAC, Albuquerque (Personal Attention)

LJS
(4) *[Handwritten initials]*



NOT RECORDED
[Handwritten signature]

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

[Handwritten signature]

MAIL ROOM ☐ TELETYPE UNIT ☐

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

5/10/66

I certify that I have received the following Government property for official use:

~~XXXXXX~~

New Commission Card with case # 3557

RETURNED:

Old Commission Card with case # 3557

READ

The Government property which you hereby acknowledge
is charged to you and you are responsible for taking care
of it and returning it when its use has been completed.
DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN
ANY WAY.

FILE
3/ Jcw
Very truly yours,

(Written
Signature)

(Typed
Signature)

Joseph F. Condon
JOSEPH F. CONDON

7-2-1-6

52

1
Name: JOSEPH F. CONDON

Zakheford
Title: Special Agent

EOD: 7/27/47 (Agent)

Grade: GS-13, at \$15,990

Veteran

SAC BLAYLOCK: This write up is submitted since Mr. CONDON is available for special assignment but not available for general assignment due to a family health problem which resulted in his transfer from the Bureau to the Albuquerque Division.

He presents a neat, well groomed appearance, is intelligent, and has displayed the ability to handle contacts with outsiders in a capable fashion. He was assigned to Albuquerque in August of 1964, after serving many years at Seat of Government in the Domestic Intelligence Division. He has been assigned as Senior Resident Agent at the Roswell Resident Agency since 10/19/65. He and the other two Agents assigned to Roswell are relatively new in that type of work. Mr. CONDON handles all types of cases in his territory except accounting. He has made excellent progress in familiarizing himself with field operations and procedures since his arrival in this Division.

He is completely available for special assignment wherever needed, however his availability for general assignment is limited to a high dry climate because of a serious health problem in his family, with which the Bureau is familiar.

He is interested in administrative advancement but is not considered completely available as outlined above. His potential is regarded as excellent.

Rating: Excellent

See Inspector's Comments Page Two.

ALBUQUERQUE DIVISION
5/31/66
LB:fd

24
RECEIVED
6 JUN 21 1966

2
10
3-74

~~AA~~
G. W. HALL, INSPECTION STAFF:
(A. W. Wells:bhg, 6/15/66)

The Inspector concurs with the
comments of the SAC. SA
Condon, who is presently the

senior resident agent at Roswell, New Mexico, is well dressed,
enthusiastic and from an over-all standpoint creates a very favorable
impression. He continues to express deep appreciation for the transfer
which he received to Albuquerque due to the health of his children and
stated their health has improved due to the fact they are now living in
a drier climate. His performance and statistical accomplishments,
including active participation in the informant program, indicate that he
is equitably sharing in the work load of the office.

SA Condon is interested in administrative advancement, is
available for special assignment, but is not available for general assign-
ment due to the health of his children. It is felt that his lack of avail-
ability for general assignment is justified, that he is fully qualified to act
as a senior resident agent and that his present assignment should continue.

4

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/10/66

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
11/10/66 by SAC LEONARD BLAYLOCK that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X-ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.Remarks: Encloses statement from [redacted] who tested SA
CONDON's vision.b6
b7c

1 - Bureau (Enc.-5)

1 - Albuquerque

/fd

(2)

ENCLOSURE

9
NOV 18 1966

67-NOT RECORDED-3

THREE



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

**In Reply, Please Refer to
File No.**

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA Joseph F. Condon	10/21/66	Albuquerque

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted] b6 b7C	Wife
Address	

2701 N. Orchard, Roswell, N. M.

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

OCT 28 1966

J. Edgar Hoover, Director

Special Agent

Joseph F. Condon

B-1

9 NOV 1 8 1954

MEASUREMENTS AND OTHER FINDINGS																																								
51. HEIGHT 69		52. WEIGHT 145		53. COLOR HAIR White		54. COLOR EYES Blue		55. BUILD: (Check one) X		MEDIUM	HEAVY	OBESE	56. TEMPERATURE 98.2																											
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 124 DIA. 80		B. RECUMBENT SYS. -- DIA. --		C. STANDING (3 min.) SYS. -- DIA. --		A. SITTING 100		B. AFTER EXERCISE 128		C. 2 MIN. AFTER 106		D. RECUMBENT --	E. AFTER STANDING 3 MIN. --																											
59. DISTANT VISION						60. REFRACTION Manifest						61. NEAR VISION Add																												
RIGHT 20/70		CORR. TO 20/20		BY -2.25 S +2.25 CX 2		20/40		CORR. TO 20/40		BY +1.50																														
LEFT 20/100		CORR. TO 20/20		BY -2.50 S		CX		CORR. TO		BY +1.50																														
62. METEOROPHORIA (Specify distance) VTA-ND ES° 2 EX° 0 R.H. 0 L.H. 0.5 PRISM DIV. -- PRISM CONV. CT Ortho PC -- PD --																																								
63. ACCOMMODATION						64. COLOR VISION (Test used and result) VTS-CV Passes						65. DEPTH PERCEPTION (Test used and score) --																												
RIGHT -- LEFT --												UNCORRECTED -- CORRECTED --																												
66. FIELD OF VISION Normal						67. NIGHT VISION (Test used and score) NIBH						68. RED LENS TEST --																												
												69. INTRAOCULAR TENSION OD-18.9 OS-18.9																												
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WY -- /15 SV -- /15						<table border="1"> <thead> <tr> <th></th> <th>250 250</th> <th>500 512</th> <th>1000 1024</th> <th>2000 2048</th> <th>3000 3072</th> <th>4000 4096</th> <th>6000 6144</th> <th>8000 8192</th> </tr> </thead> <tbody> <tr> <td>RIGHT</td> <td>/</td> <td>-5</td> <td>5</td> <td>10</td> <td>40</td> <td>50</td> <td>45</td> <td>/</td> </tr> <tr> <td>LEFT</td> <td>/</td> <td>-10</td> <td>0</td> <td>20</td> <td>15</td> <td>40</td> <td>50</td> <td>/</td> </tr> </tbody> </table>							250 250	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192	RIGHT	/	-5	5	10	40	50	45	/	LEFT	/	-10	0	20	15	40	50	/	--	
	250 250	500 512	1000 1024	2000 2048	3000 3072	4000 4096	6000 6144	8000 8192																																
RIGHT	/	-5	5	10	40	50	45	/																																
LEFT	/	-10	0	20	15	40	50	/																																
LEFT WY -- /15 SV -- /15																																								

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1. Mumps in childhood, no comp, no seq.
2. Glasses worn for corrective visual acuity since 1939.
3. Occasional mild sinusitis manifested by post nasal drip, no medication required for control of symptoms.
4. Simple fracture of right great toe 1960, no comp, no seq.
5. Sub-mucous resection 1952.
6. Mother died of heart attack at age 68. Brother died of arterio-sclerosis heart disease 1966, age 43.
7. Denies all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

59 & 61. Defective vision, OU, corrected to 20/20 Distant, 20/40 OD eye and 20/25 OS eye at Near.
71. High frequency hearing loss.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE																	
--						<table border="1"> <thead> <tr> <th>P</th> <th>U</th> <th>L</th> <th>H</th> <th>E</th> <th>S</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>2</td> <td>1</td> </tr> </tbody> </table>						P	U	L	H	E	S	1	1	1	2	2	1
						P	U	L	H	E	S												
1	1	1	2	2	1																		
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR "Is" General Duty B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER --						<table border="1"> <thead> <tr> <th>A</th> <th>B</th> <th>C</th> <th>E</th> </tr> </thead> <tbody> <tr> <td></td> <td>X</td> <td></td> <td></td> </tr> </tbody> </table>						A	B	C	E		X						
A	B	C	E																				
	X																						
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT, USAF, MC, FMO						SIGNATURE b6 b7C																	
80. TYPED OR PRINTED NAME OF PHYSICIAN --						SIGNATURE																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) --						SIGNATURE																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY --						SIGNATURE NUMBER OF ATTACHED SHEETS																	

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

89-104

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 2701 N. Orchard, Roswell, N.M. 88201			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/25/66	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 19		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, N.Y.		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> wife, b6 b7C same as #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 812th Medical Group, Walker AFB				16. OTHER INFORMATION		

17. STATEMENT OF EXAMINER'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Excellent

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	74	<i>Good</i>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER		<i>Good</i>	<i>Heart Attack</i>	68		<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE		<i>Good</i>				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS		<i>Good</i>				<input checked="" type="checkbox"/>	HAD CANCER	
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD HEART TROUBLE	MOTHER + BROTHER
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
						<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
						<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
						<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE/HERNIA	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		COLOR BLINDNESS	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VD—SYPHILIS, GONORRHEA, ETC.	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		HISTORY OF BROKEN BONES	<input checked="" type="checkbox"/>		RECURRENT BACK PAIN	<input checked="" type="checkbox"/>		PERIODS OF UNCONSCIOUSNESS
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY									
<input checked="" type="checkbox"/>		SKIN DISEASES									

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY. A. HAVE YOU EVER—

	BEEN PREGNANT
	HAD A VAGINAL DISCHARGE
	BEEN TREATED FOR A FEMALE DISORDER
	HAD PAINFUL MENSTRUATION
	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

	AGE AT ONSET OF MENSTRUATION
	INTERVAL BETWEEN PERIODS
	DURATION OF PERIODS
	DATE OF LAST PERIOD
QUANTITY:	<input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

1

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?

19 years

25. WHAT IS YOUR USUAL OCCUPATION?

SPECIAL AGENT, FBI

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

67-414311-180

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

TONSILITIS - AGE 6
DEVIATED SEPTUM AGE 32

BROKEN TOE, WASHINGTON, D.C. 1960
DR. HANDE, 215 W. 3RD ST. ROSWELL, N.M.
JULY, 1966 VIRAL INFECTION

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

JOSEPH F. CONDON

Joseph F. Condon

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

1. Mumps in childhood, no comp, no seq.
2. Glasses worn for corrective visual acuity since 1939.
3. Occasional mild sinusitis manifested by post nasal drip, no medication required for control of symptoms.
4. Simple fracture of right great toe 1960, no comp, no seq.
5. Sub-mucous resection 1952.
6. Mother died of heart attack at age 68. Brother died of arteriosclerosis heart disease 1966, age 43.
7. Denies all other significant medical or surgical history.

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TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE 25 Oct

SIGNATURE

CAPT, USAF, MC, FMO

NUMBER OF ATTACHED SHEETS

OFFICE: 1965 O - 770-812

PHONE

ROSWELL, NEW MEXICO 88201

November 1, 1966

b6
b7C

To Whom It May Concern:

Re: Mr. J. F. Condon

I examined Mr. Condon Oct. 31, and found his
unaided visual acuity

O.D. 20/60 O.S. 20/70 O.U. 20/60

Aided visual acuity with present glasses
Distance O.D. 20/20 O.S. 20/20 O.U. 20/15

Near O.D. 20/20 O.S. 20/20 O.U. 20/20

His present glasses are quite adequate for
all visual tasks and do not need changed.

Sincerely yours,

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner.**

Name of Examinee CONDON, JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE 7-414041-180

REC'D - ADMIN. DIV.
F B I

Desirable Weight Ranges For Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose N/A pounds
☐ gain N/A pounds

Remarks: _____

b6
b7C

(Signature of Medical Examiner)/

25 October 1966
(Date)

Mr. Callahan

1-10-67

J. B. Adams

**RESIDENT AGENCY MATTER
ALBUQUERQUE OFFICE**

Purpose of this memorandum is to consider recommendation of SAC, Albuquerque, that SA Joseph F. Condon be transferred from Roswell Resident Agency to headquarters city, SA [redacted] be transferred from Farmington Resident Agency to Roswell as Senior Resident Agent and SA [redacted] be transferred from headquarters to Farmington. His recommendations were based on [redacted]

According to the SAC, [redacted]

[redacted] The physician emphasized to the SAC this was his own idea and that he had not consulted either SA Condon or his wife. In discussing this matter with SA Condon, SAC ascertained that the physician had misunderstood Mrs. Condon in stating that [redacted]

[redacted] SAC acknowledged the physician's letter.

SA Condon EOD 1-20-47 and is in Grade GS 13, \$16,457. He was formerly assigned to the Seat of Government when transferred to Albuquerque 8-14-64 as he had requested assignment to a southwest office with a high dry climate pointing out [redacted]

[redacted] On 8-3-65 he was designated Resident Agent at Hobbs, New Mexico, and on 10-19-65 he was designated Senior Resident Agent at Roswell. It is noted SA Condon has made no request for a hardship transfer from Roswell.

Enclosures

LDH:jap (6)

① - Personnel File of SA Joseph F. Condon

1 - Personnel File of SA [redacted]

1 - Personnel File of SA [redacted]

1 - Mr. Hereford

8 JAN 12 1967

INDEXED

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b7c

ORIGINAL YELLOW

**Memorandum to Mr. Callahan
Re: Resident Agency Matter
Albuquerque Office**

It is deemed inadvisable to approve SAC's recommendations involving expense of three transfers as [REDACTED] does not appear compelling nor has SA Condon requested a hardship transfer. Moreover, there appears to be no assurance that transfer of SA Condon to Albuquerque would alleviate his personal situation.

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RECOMMENDATION

That we not approve SAC's recommendations to transfer SA Joseph F. Condon from Roswell to Albuquerque, SA [REDACTED] from Farmington to Roswell and SA [REDACTED] from Albuquerque to Farmington. Proposed letter to SAC attached.

PERMANENT BRIEF OF PERSONNEL FILE OF SA CONDON ATTACHED.

SAC, Albuquerque

1-11-67

Director, FBI

PERSONAL ATTENTION

RESIDENT AGENCY MATTER
ALBUQUERQUE DIVISION

Reurlet 1-5-67 in which you requested SA Joseph F. Condon be transferred from the Roswell Resident Agency to headquarters city, that SA [redacted] be transferred from the Farmington Resident Agency to Roswell as Senior Resident Agent and that SA [redacted] be transferred from headquarters to Farmington.

b6
b7c

Your recommendations are not being approved at this time since the hardship involving [redacted] does not appear so compelling as to warrant effecting the three recommended transfers.

- 1 - Mr. Hereford
- 1 - Personnel File of SA Joseph F. Condon
- 1 - Personnel File of SA [redacted]
- 1 - Personnel File of SA [redacted]

LDH:jap
(8)

Based on memo Adams to Callahan, 1-10-67, LDH:jap.

DUPLICATE YELLOW

80
67-NOT RECORDED
1 JAN 12 1967

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
ATTN: ADMINISTRATIVE DIVISION

FROM : SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
ADMINISTRATIVE MATTER

DATE: 1/5/67

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Wick	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

SA CONDON is Senior Resident Agent at Roswell, New Mexico, where three Agents are assigned.

Attached herewith is a letter dated December 30, 1966, to SAC. Albuquerque, from [redacted] Roswell, New Mexico, concerning [redacted]

b6
b7c

On 1/3/67, I orally acknowledged receipt of this letter from [redacted] and thanked him for his interest. He states that [redacted]

[redacted] He emphasized that his letter to me was his own idea and he did not consult with SA CONDON or his wife before sending the letter. [redacted] is acquainted with me as a result of a speech I recently made before the American Legion in Roswell. He feels that [redacted]

32

I discussed this matter with SA CONDON, who was not previously aware of the Doctor's letter. SA CONDON states that the doctor misunderstood his wife in saying that [redacted]

5 - Bureau
2 - Albuquerque (167-56)
LB:fd
(7)



5010-108

JAN 17 1967

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

REC-137
Searched _____ Numbered 32
1-10-67
LDH:gap

THREE

[REDACTED]

The attached letter from [REDACTED] and the above information is furnished for the Bureau's consideration in the event the Bureau might desire to transfer SA CONDON to Albuquerque headquarters. The entire state of New Mexico is regarded as a healthy climate, however it is true that a large number of newcomers to this state find they develop an allergy (myself included) who have never experienced allergies before. Specialists attribute these allergies to dust, prairie bushes and weeds and various types of foliage including certain types of trees. b6 b7C

The following is submitted for the Bureau's consideration:

1. SA CONDON could be transferred to Albuquerque headquarters.
2. It will be necessary to replace him promptly with a qualified Senior Resident Agent at Roswell. We have no experienced; well qualified Agent readily available in the headquarters city since almost one-half of our Agents are assigned to the ten resident agencies with the remainder in the headquarters city being relief supervisors, police instructors, accountants, sound men, first office Agents and disciplinary cases.
3. SA [REDACTED] is alternate Senior Resident Agent at Farmington, New Mexico. He entered on duty August 6, 1962. He is an excellent Agent and in my opinion well qualified to serve as Senior Resident Agent at Roswell. It would be necessary to replace [REDACTED] in the Farmington Resident Agency where two Agents are assigned. SA [REDACTED] is recommended as a replacement at Farmington. He entered on duty March 21, 1966, and is in his first office. He would be working under the Senior Resident Agent at Farmington who is an experienced and capable Senior Resident Agent. SA [REDACTED] has a fine educational background and in my opinion is believed well qualified to serve in a Resident Agency under the Senior Resident Agent.

It is recommended the Bureau transfer SA CONDON from Roswell to Albuquerque, SA [REDACTED] from Farmington to Roswell as Senior Resident Agent and SA [REDACTED] from Albuquerque to Farmington, with changed headquarters, working under the Senior Resident Agent.

[Redacted]
ROSWELL, NEW MEXICO 82201

Otolaryngology
Endoscopy
Allergy-Titration

30 December 1966

MAin 2-0150

b6
b7C

Mr. Leonard Blaylock,
Agent-in-Charge,
Albuquerque Office,
Federal Bureau of Investigation
Federal Building,
Albuquerque, New Mexico

Dear Mr. Blaylock:

This is an unsolicited letter and one which I
hope you will accept as simply concern for a patient



I hope that this finds you well and that the coming
year is a good one for all of us. We are still most grate-
ful for your splendid address here.

Sincerely yours,

[Redacted Signature]

MD

RECEIVED

DEC 1 1966

FBI - ALBUQUERQUE

RECEIVED

67-414041-181

January 20, 1967

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

I want to take this opportunity to extend to you my sincere congratulations on your Twentieth Anniversary with the FBI. In recognition of your faithful and devoted services I wish to present your Twenty-Year Service Award Key.

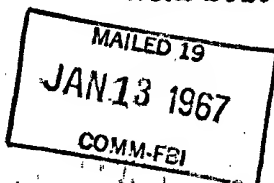
During the years you have been with us we have encountered numerous obstacles. Needless to state, the successful discharge of our responsibilities has been greatly facilitated by the unselfish cooperation of our industrious and trained personnel. The conscientious and painstaking efforts of our loyal associates such as you have brought about favorable solutions to our problems and have contributed much toward placing the FBI in the position of esteem which it holds today. I want you to know of my appreciation for your interest and your enthusiasm.

I hope you will be with our organization for many years to come.

With best wishes and kind regards,

Sincerely,

J. Edgar Hoover



rdm

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Enclosure *LDH/19P*
1 - SAC, Albuquerque (Personal Attention)

LDH:klw *klw*

(4)

67-414041 *47* *(18)*

MAIL ROOM ☐ TELETYPE UNIT ☐

LDH

Nov 16 9 09 AM '67
REC'D-READING ROOM

3
REC-133

SAC, Albuquerque *70*

January 3, 1967

Director, FBI

PERSONAL ATTENTION

SPECIALIZED TRAINING

In accordance with your letter of 12-28-66, Agents have been listed for consideration for specialized training as follows:

General Police Instructors School: SA [redacted]

Fugitive School: SA [redacted]

Criminal Informant School: SA Joseph F. Condon.

Burglary - Theft School: SA [redacted]

Kidnap, Extortion and Threat Matters School: SA [redacted]

b6
b7C

These Agents should not be scheduled for any type of In-Service training pending further instructions from the Bureau.

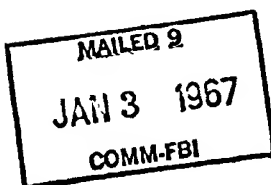
LLD:jal *jal*

1 - Training Division

1 - Movement Unit

(6)

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____



5-BC XEROX

JAN 24 1967

MAIL ROOM ☒ TELETYPE UNIT ☐

70
R.R.D.

Mr. Tolson	
Mr. DeLoach	
Mr. Mohr	
Mr. Wick	
Mr. Casper	
Mr. Callahan	
Mr. Conrad	
Mr. Felt	
Mr. Gale	
Mr. Rosen	
Mr. Sullivan	
Mr. Tavel	
Mr. Trotter	
Tele. Room	
Miss Holmes	
Miss Gandy	

2701 N. Orchard St.
Roswell, N. M. 88201
January 25, 1967

Mr. J. Edgar Hoover,
Director,
Federal Bureau of Investigation,
Washington, D. C.

Dear Mr. Hoover:

Please accept my sincere appreciation for your letter congratulating me on my 20th Anniversary in the FBI.

While twenty years seems like a long time, they have passed very quickly due to the always challenging nature of the Bureau's responsibilities. I have thoroughly enjoyed my experience with the Bureau, both in the field and at the Seat of Government, and I will always treasure the many friendships I have made as a result of my employment with the Bureau.

It is my sincere hope that I will be able to devote many more years of loyal service to the FBI under your outstanding leadership.

Sincerely,

Joseph F. Condon
Joseph F. Condon

REC'D - CIVIL RIGHTS
FBI
JAN 30 15 32 PM '67

EXP. PROC.
30 JAN 30 1967

REC-142

67-414041-183
10 1 1967 22

3 FEB 1 1967
22

RECEIVED
JAN 30 1967
FBI

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE ROSWELL RESIDENT AGENCY
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from 4/1/66 to 3/31/67ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsRated by: *J. B. Lash* SAC 3/31/67
Signature Title DateReviewed by: *J. B. Lash* Assistant Director APR 13 1967
Signature Title DateRating Approved by: *J. B. Lash*
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-149

414041-187
APR 10 1967 149

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee SA JOSEPH F. CONDON

RATING GUIDE AND CHECK-LIST

Notes: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (16) Firearms ability. |
| <u>E</u> (2) Personality and effectiveness of his personal contacts. | <u>E</u> (17) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (18) Reporting ability: <ul style="list-style-type: none"> <u>E</u> (a) Investigative reports <u>E</u> (b) Summary reports <u>E</u> (c) Memos, letters, wires (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>E</u> (19) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>E</u> (20) Executive ability: <ul style="list-style-type: none"> <u>E</u> (a) Leadership <u>E</u> (b) Ability to handle personnel <u>E</u> (c) Planning <u>E</u> (d) Making decisions <u>E</u> (e) Assignment of work <u>E</u> (f) Training subordinates <u>E</u> (g) Devising procedures <u>E</u> (h) Emotional stability <u>E</u> (i) Promoting high morale <u>E</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>E</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>E</u> (a) As leader <u>E</u> (b) As participant |
| <u>E</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (22) Organizational interest, such as making of suggestions for improvement. |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>+</u> (23) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability <u>EXCELLENT</u> |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>E</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>E</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>E</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <u>O</u> (a) Internal security cases <u>E</u> (b) Criminal or general investigative cases <u>E</u> (c) Fugitive cases <u>E</u> (d) Applicant cases <u>O</u> (e) Accounting cases | |
| <u>E</u> (15) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Resident Agent

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? NO (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS JF

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: SA CONDON presents a neat, businesslike appearance, dresses appropriately, has a friendly personality and handles contacts in capable fashion.
2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:
He is well qualified to lead and participate in raids and dangerous assignments. He is well experienced in the apprehension of criminals.
3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:
SA CONDON is available for special assignment but not available for general assignment due to a health problem in his family, which resulted in his transfer to Albuquerque from Seat of Government.
4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:
SA CONDON is Senior Resident Agent at Roswell, New Mexico, where three Agents are assigned. He handles criminal, general, applicant and security cases. His investigations and reports require a minimum of supervision and he is well qualified to handle the more complicated types of cases. He has made consistent progress in his assignment as Senior Resident Agent. He is an approved Bureau speaker and has made several speeches in his territory and is effective and capable in this capacity. SA CONDON is an intelligent and capable Agent and discharges his responsibilities in excellent fashion.

He has not been successful in recruiting an applicant during the rating period.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

None

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.)

None

7. PARTICIPATION IN INFORMANT PROGRAMS: SA CONDON has continued to handle 2 criminal informants during the rating period and has submitted 3 PCIs for development. He has made substantial contributions to this program.

8. TESTIFYING EXPERIENCE AND ABILITY:

He testified twice before the U.S. District Court, once before the Federal Grand Jury and on 8 occasions before the U. S. Commissioner. He makes an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS: SA CONDON is Senior Resident Agent at Roswell, where 3 Agents are assigned. The other two agents are relatively new in the service and SA CONDON has been effective in his guidance of the Agents in his territory. He is well qualified to serve in this capacity.

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☐ Yes ☒ No

(b) Agent is completely available for administrative advancement. ☐ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered ☐ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA Joseph F. Condon	2/28/67	Albuquerque

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	Wife
Address	
2701 N. Orchard St., Roswell, N. M.	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
None	
Address	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Very truly yours,

Special Agent in Charge

MAR 3 1967

J. Edgar Hoover, Director

57

Joseph F. Condon
Special Agent

Mr. Callahan

April 12, 1967

J. B. Adams

**RESIDENT AGENCY MATTER
ALBUQUERQUE OFFICE**

Purpose of this memorandum is to consider recommendation from SAC, Albuquerque, that SA Joseph F. Condon, Senior Resident Agent, at Roswell, Albuquerque, be transferred to headquarters to replace an Agent under transfer out and that SA Walter W. Smart, Jr., under transfer from Little Rock to Albuquerque be transferred direct to Roswell Resident Agency to serve as Senior Resident Agent. Case load at Roswell Resident Agency of 100 investigative matters for three Agents justifies replacement.

SAC noted that with transfer of SA John Joseph Mulhern to Minneapolis he is in need of replacement Agent who could handle sensitive security matters and he considers SA Condon as the best Agent to meet this need. SA Mulhern specialized in security investigations around Albuquerque involving delicate and sensitive matters.

In recommending that SA Smart be ordered direct to Roswell, SAC was advised by SAC, Little Rock, that as Senior Resident Agent at Forrest City, Arkansas, SA Smart was conscientious, hard working, got along well with others, and was regarded an excellent Agent. He noted such transfer of SA Smart would keep expenses at a minimum.

SA Condon EOD 1-20-47, is in GS-13, \$16,457. Prior to transfer to Albuquerque 8-14-64 he had been assigned to Domestic Intelligence Division since 6-22-52. Services at the Seat of Government were generally satisfactory although censured three times for errors in correspondence. During the same period he was commended 16 times, 6 of which were through superiors and afforded one incentive award and one quality salary increase. Performance ratings indicate SA Condon had an outstanding knowledge of both the theoretical and practical applications of Communism, which he effectively applied to his assignments. His transfer to Albuquerque was at his request for assignment to a Southwest office with a high and dry climate due to serious

LDH:klw (5)

1 - Movement

1 - Personnel File of SA Walter W. Smart, Jr.

1 - Personnel File of SA Joseph F. Condon

Enclosures

67-NOI RECORDED

7 APR 18 1967

(OVER)

**Memorandum Adams to Callahan
RE: Resident Agency Matter
Albuquerque Office**

health problems involving two of his children who suffered from respiratory conditions and the third was developing such disorder. Services since assignment to the Albuquerque Office most of which was in Resident Agencies were satisfactory with no censures or commendations. Rated excellent in last annual performance report. Available for special but not for general assignment and overtime satisfactory.

SA Smart EOD 8-4-47, GS-13, \$15,113. Services entirely satisfactory having been commended on four occasions, three through superiors and afforded one incentive award. Rated excellent in last annual performance report, completely available and overtime satisfactory.

Normally, SACs are expected to evaluate Agents for a period of time upon arrival in the office prior to recommending their transfer to a Resident Agency and, therefore, to transfer SA Smart direct to Roswell Resident Agency would be an exception. In this case, he has served well as a Senior Resident Agent in the Little Rock Division, SAC, Little Rock, has indicated he would serve ably at Roswell and this together with the fact that a direct transfer would be more economical dictates the advisability of approving the SACs recommendation. This action would permit transfer of SA Condon from Roswell to headquarters city which would fill the need for an Agent to handle sensitive security matters there.

RECOMMENDATIONS:

1. That we approve recommendation of SAC, Albuquerque, for transfer of SA Joseph F. Condon from Roswell Resident Agency to headquarters city at Albuquerque.

2. That we also approve recommendation of SAC, Albuquerque, for direct transfer of SA Walter W. Smart, Jr., from the Little Rock Division to the Roswell, New Mexico, Resident Agency, where he is to be designated Senior Resident Agent.

**PERMANENT BRIEFS OF PERSONNEL FILES OF SA CONDON & SA SMART
ATTACHED.**

April 14, 1967

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

Your headquarters are changed for official reasons from **Roswell, New Mexico,** to **Albuquerque, New Mexico,** effective upon your arrival there on or after this date. Travel and transportation expenses and applicable allowances and benefits for you and your dependents incidental to this transfer as provided by the Administrative Expenses Act of 1946, as amended; Bureau of the Budget Circular Number A-56, dated October 12, 1966, and implementing regulations prescribed by this Bureau, shall be paid to you or on your behalf. However, before these expenses can be paid by the Government you must agree in writing (Bureau Form FD-384) to remain with the Government for one year following the effective date of the transfer. If you are being transferred to a duty station outside the continental United States the written agreement form FD-382 need only be executed.

Very truly yours,

J. Edgar Hoover
John Edgar Hoover
Director

REC-143

67-414041-185
1 APR 18 1967

1 - SAC, Albuquerque (Personal Attention)(Enclosures 2) Have SA Condon execute the enclosed Forms FD-384 and return the original and copy to the Bureau. Advise Bureau the date SA Condon reports to headquarters city. Based on Adams to Callahan memo 4/12/67, LDH:klw.

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

rah
(4) *klw*

MAIL ROOM ☐TELETYPE UNIT ☐



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Date: 4/14/67

Mr. John Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

In connection with my transfer from Roswell, N. M. to Albuquerque, N. M., I agree to remain with the service of the FBI for 12 months following the effective date of this transfer. It is understood that should I violate this agreement for personal reasons within my control, I become obligated to refund to the Government all costs incurred on my behalf for travel, transportation, and related expenses as described in the Government Travel Regulations.

Signature
Joseph F. Condon, Special Agent

Filed 4/20
Cox

NOT RECORDED
4 APR 25 1967

COPY RETAINED BY
VOUCHER - STAT SECTION

4/24/67

4/7/67

AIRTEL

TO: DIRECTOR, FBI ATTN: PERSONNEL SECTION
FROM: SAC, ALBUQUERQUE (67-56)
ROSWELL, NEW MEXICO RESIDENT AGENCY
ASSIGNMENT OF AGENTS

SA JOHN JOSEPH MULHERN is under transfer to Minneapolis. He is a security Agent who specializes in security investigations in and around the University of New Mexico in Albuquerque, involving students and professors of security interest. This includes demonstrations protesting the Viet Nam war by individuals in academic circles and becomes rather delicate and sensitive.

Albuquerque is in need of an Agent with sufficient security background to replace SA MULHERN in the headquarters city.

Bulet 4/5/67 transferred SA WALTER W. SMART, Jr., resident agent at Forrest City, Arkansas to Albuquerque. I have conferred with the SAC at Little Rock who advises that SA SMART is Senior Resident Agent at Forrest City and that he is conscientious, hard working and gets along well with others and is regarded as an excellent agent.

SA JOSEPH F. CONDON is now Senior Resident Agent at Roswell where three Agents are assigned. Prior to his transfer to Albuquerque he had many years experience in security matters of all types and has an excellent background in this type of work. He is regarded as the best replacement for SA MULHERN in Albuquerque on sensitive security matters mentioned above.

RECOMMENDATIONS

It is recommended the Bureau favorably consider transferring SA SMART directly to the Roswell RA as SRA. This is suggested to keep expenses at a minimum in connection with his transfer. Roswell has 78 cases and 22 leads assigned totaling 100 investigative matters. This represents 33 investigative matters for three Agents.

5 - Bureau

1 - Albuquerque

LB:fd (6) 46

AQ 67-56

It is recommended SA CONDON be transferred from Roswell to Albuquerque headquarters city.

The Bureau's favorable response would be appreciated.

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Wick	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

2701 N. Orchard
Roswell, N. M.
April 20, 1967

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington
D. C.

Dear Mr. Hoover:

I would like to express my sincere appreciation for the Bureau's consideration in returning me to Albuquerque in view of the family health problems we have encountered in Roswell.

I would also like to assure you that I will make every effort to insure that my future efforts will repay this consideration, and I hope to be able to devote many more years of loyal service to the Bureau under your outstanding leadership.

Sincerely,

Joseph F. Condon
Joseph F. Condon

EX-107-1100

APR 24 1967

67-414041-186
Searched _____ Numbered _____
10 APR 26 1967

REC-139

MAY 1 1967

④

100-414041-186

Routing Slip
FD-4 (Rev. 1-26-66)

Date 4/21/67

To:

☒ Director

FILE _____

Att.: _____

☐ SAC _____

Title **CRIMINAL INFORMANT**
IN-SERVICE SCHOOL
MAY 8-19, 1967

☐ ASAC _____

☐ Supv. _____

☐ Agent _____

☐ SE _____

☐ IC _____

☐ CC _____

☐ Steno _____

☐ Clerk _____

Re: _____

ACTION DESIRED

☐ Acknowledge _____

☐ Open Case

☐ Assign _____ Reassign _____

☐ Prepare lead cards

☐ Bring file

☐ Prepare tickler

☐ Call me

☐ Recharge serials

☐ Correct

☐ Return assignment card

☐ Deadline _____

☐ Return file

☐ Deadline passed

☐ Return serials

☐ Delinquent

☐ Search and return

☐ Discontinue

☐ See me

☐ Expedite

☐ Send Serials _____

☐ File

to _____

☐ For information

☐ Submit new charge out

☐ Handle

☐ Submit report by _____

☐ Initial & return

☐ Type

☐ Leads need attention

☐ Return with explanation or notation as to action taken.

Re Bulet 4/20/67, instructing SA JOSEPH F. CONDON to lead a one-hour discussion of "Techniques in Developing New CIs and PCIs," at the above school. Attention invited to Albuquerque airtel 4/17/67, pointing out Bulet 4/14/67, transferred SA CONDON from Roswell RA to Albuquerque headquarters, where he will be assigned to security matters. AQ airtel recommended SAC _____

XXXXXX See reverse side

Office _____

THREE,

67-MO-100-100000 61
2 APR 24 1967

Name: JOSEPH F. CONDON

Title: Special Agent

EOD: 7/27/47 (Agent)

Grade: GS-13, at \$16,457

Veteran

SAC BLAYLOCK: SA CONDON is available for special assignment but not for general assignment due to a family health problem of his children which resulted in his transfer from the Bureau to the Albuquerque Division.

He is Senior Resident Agent at Roswell, New Mexico, where three Agents are assigned.

He presents a neat, businesslike appearance and dresses appropriately. He is fully capable of handling contacts. He is intelligent and has made steady progress since being assigned to Roswell, 10/19/65. He was relatively new prior thereto in that type of work, having served many years at Seat of Government in Domestic Intelligence Division. He handles all types of investigations except accounting. He is available for special assignment wherever needed, however his availability for general assignment is limited to a high, dry climate because of a serious health problem in his family. At present he is not interested in administrative advancement.

Rating: Excellent

ENCLOSURE

ALBUQUERQUE DIVISION
4/14/67
LB:fd

67-NOT RECORDED-5

54
5 MAY 8 1967

4 to 3 censure
to 879 Condon
5-5-67
Dgt: Hyl

10-
3 222

INSPECTOR K. W. WHITTAKER:
(B. P. Fisher:wmj) 4/18/67)

The Inspector concurs with the comments of the SAC. SA Condon is presently under transfer to

headquarters city in Albuquerque per Bureau letter 4/14/67. SA Condon is well dressed and from an overall standpoint creates a very favorable impression. He continues to express deep appreciation for his transfer from Seat of Government to Albuquerque due to the health of his children. He stated that he hoped that his transfer from Roswell to Albuquerque, New Mexico, will result in further improvement in their health. His performance and statistical accomplishments, including active participation in the informant program, indicate that he is equitably sharing in the work load of the office.

SA Condon is not interested in administrative advancement, is available for special assignment, but not general assignment due to the health of his children. It is felt that his lack of availability for general assignment is justified.

During the course of the inspection a substantive error (copy of write-up attached) was detected in a case assigned SA Condon. It involved failure to handle 8 fugitive leads in Roswell, New Mexico, for over 90 days and failure to indicate coverage of 2 additional fugitive leads in Roswell, New Mexico (120 days).

Bureau instructions are that fugitive leads in Resident Agency headquarters are to be handled in 15 days.

SA Condon explained he did not feel these leads warranted immediate attention since similar investigation by local authorities in Roswell had proven negative. He pointed out during the pertinent period he had spent 24 days on other urgent investigative matters requiring road trips to Hobbs and Carlsbad, New Mexico. Regarding the two unreported fugitive leads, he stated that one was covered and was inadvertently not reported. The second fugitive lead was a neighborhood investigation where subject had resided less than 3 months and numerous inquiries by the Sheriff's Office had been negative.

SA Condon acknowledged his error in failure to handle this investigation in accordance with Bureau instructions and stated he would avoid such errors in the future.

RECOMMENDATIONS:

1. That SA Condon be censured for the substantial delay in handling fugitive leads. If approved, Administrative Division will handle. and for failure to report investigation.

2. Continue SA Condon in unavailable for general assignment status due to family health problems.

2

3. Recommendations concerning supervisory personnel being handled separately.

2

4. There is no SOG culpability in this case since the error could only be detected by a review of the field office file.

2

SUBSTANTIVE ERROR WRITE-UP

[REDACTED] AKA -
FUGITIVE;

[REDACTED] - VICTIM

UNLAWFUL FLIGHT TO AVOID
PROSECUTION - WORTHLESS CHECKS
OVER \$25; WHITE SLAVE TRAFFIC ACT
ALBUQUERQUE FILE 88-4140
BUFILE 88-39777

b6
b7c

INSPECTOR [REDACTED] This is a pending case, Albuquerque
is origin, assigned to SA JOSEPH
F. CONDON (Roswell Resident Agency), 12/14/66, and supervised by
ASAC MASON G. WORKING.

By letter dated 12/9/66 to the
U. S. Attorney, Albuquerque, New Mexico, District Attorney PATRICK
F. HANAGAN, Chaves County, New Mexico, advised local felony
warrant issued 9/5/66, charging subject with issuing worthless
checks over \$25. This letter indicated that subject had left
Roswell, New Mexico, and was last seen in Arizona. Bureau
assistance requested in locating subject. On 12/15/66,
authorized complaint filed before U. S. Commissioner by SA JOSEPH
F. CONDON charging violation of Title 18, Section 1073, U. S.
Code. A new 88 case was opened on this information, Albuquerque
origin, and was assigned to SA CONDON.

It is noted that prior to the
opening of this 88 case, there was pending in the Albuquerque
Office a WSTA matter (AQ 31-1458), Los Angeles origin, also
assigned to SA CONDON, concerning the subject possibly transporting
[REDACTED] interstate for purposes of prostitution. It
appears from a review of the Albuquerque files that after the 88
case was opened, all investigation to locate the subject was
handled in this file. The WSTA case (31) was closed as there was
no proof to substantiate the allegation.

In connection with the unlawful
flight matter, the Albuquerque Office by interoffice airtel
dated 12/19/66, set forth leads to Butte, Denver, El Paso,
Los Angeles, Phoenix, in addition to leads set forth for the
Albuquerque Office. This airtel set forth 10 specific fugitive

ALBUQUERQUE INSPECTION

4/21/67

BPF:dac

68

ENCLOSURE

leads for investigation in Roswell, New Mexico.

Review of the file indicates that 8 of the above Roswell leads were covered on 3/23 and 24/67 and incorporated in report of SA JOSEPH F. CONDON, Albuquerque, dated 3/31/67. The file does not indicate that Roswell, New Mexico, leads to conduct neighborhood investigation at 306 Broken Arrow and conduct inquiry at Walker Cleaners, West Fourth Street, have been covered to date.

It is to be noted that 8 of the fugitive leads in Roswell, New Mexico, were not covered for more than 90 days and there is no indication in the file that the other 2 Roswell leads have yet been handled (120 days).

According to the Manual of Instructions, the deadline for covering these type fugitive leads is 15 days.

EXPLANATIONS REQUESTED:

SA JOSEPH F. CONDON

SA CONDON is requested to explain the substantial delay in covering 8 fugitive leads set forth in Albuquerque airtel 12/19/66 and for failure to handle the 2 other leads set forth in this airtel.

ASAC MASON G. WORKING

ASAC WORKING is requested to explain why the above delinquency was not detected while supervising the case.

Comments of SAC requested.

SA JOSEPH F. CONDON:
4/26/67
JFC/gcp

With regard to the investigation of aka.-FUGITIVE; UFAP-WORTHLESS CHECKS OVER \$25; WSTA; 00: Albuquerque, it is noted this case was opened and assigned to me on 12/14/66, based on a letter to the U.S. Attorney by the District Attorney at Roswell, New Mexico. Upon receipt of this case, I promptly discussed it with the U. S. Attorney on 12/15/66, at which time he authorized unlawful flight process and FBI case status form was submitted to U.S. Attorney on 12/17/66, along with Fugitive Form Letter to the Bureau on that same date. I conducted immediate investigation in the Roswell area to ascertain the subject's background

b6
b7c

and by airtel dated 12/19/66, numerous fugitive leads were set forth for five auxiliary offices with appropriate leads being designated within the Albuquerque Division at Albuquerque, Las Cruces, and Roswell, New Mexico.

Fugitive leads designated for Roswell, New Mexico, where I am assigned as Senior Resident Agent, consisted of ten separate leads based primarily on information I obtained in my initial contact with the Chaves County Sheriff's Office at Roswell, New Mexico. These leads were basically interviews of persons previously contacted by the Chaves County Sheriff's Office in connection with its efforts to locate the subject prior to their request for the unlawful flight process.

I submitted an investigative report dated 3/31/67, setting forth the extent of investigation conducted in Albuquerque and that reported by six auxiliary offices. It is noted this case was maintained in a current status based on other investigation in the Albuquerque Division as reflected in airtels designated to auxiliary offices 12/31/66, and 1/28/67.

The Inspector has specifically pointed out that eight of the fugitive leads in Roswell were not covered for more than 90 days and indicates that from the file the other two Roswell leads have not been handled to date.

With regard to the eight fugitive leads covered, it is noted that I conducted investigation on these eight leads 3/23-24/67, and of the two additional leads, one was covered 3/23/67, and was inadvertently not reported. This lead pertained to Walker Cleaners, which resulted in the obtaining of negative information. With reference to the neighborhood investigation at [redacted] other inquiries determined that the subject had been in Roswell for less than three months during the summer of 1966, and numerous inquiries in this neighborhood by Sheriff's Office personnel had been negative concerning any neighbor having close personal knowledge of the subject or his wife. b6 b7C

I am fully aware of existing instructions relative to the covering of productive fugitive leads within the 15-day period; however, I did not feel that these leads warranted immediate attention since investigation by the Chaves County Sheriff's Office in this area had proven negative as to subject's whereabouts. I fully realize the period from 12/14/66 to 3/23-24/67, is excessive; however, for a 24-day period during this time, investigative matters which I felt took precedence over this case required me to be on road trips to Hobbs and Carlsbad, New Mexico. My delay in conducting investigation in this matter is regretted and every effort will be exerted to insure investigative matters of this type are handled promptly and thoroughly in the future.

ASAC MASON G. WORKING:
4/26/67
MGW/gcp

As indicated, this investigation was opened and assigned to SA CONDON on 12/14/66. The initial airtel submitted by him on 12/19/66, was approved by me

and this case was placed on a 30-day tickler. The file in this case was reviewed 1/24/67, 2/24/67, and 3/24/67, and on each review, numerous interoffice communications were noted reflecting active investigation from the Albuquerque Field Division and auxiliary offices. On 3/24/67, I notified SA CONDON by routing slip to expedite submission of the report in view of the existing 90-day reporting rule. The report submitted by him 3/31/67, set forth results of investigation by the Albuquerque Division and numerous auxiliary offices.

It is noted that between 12/19/66, and the submission of the report, 3/31/67, over 19 serials were filed, most of them being the results of active investigation by auxiliary offices and others designating leads to auxiliary offices submitted by SA CONDON.

This has been a fast-moving fugitive investigation and in view of its volume, the delayed investigation by SA CONDON was not detected during my monthly file review of this matter. It has been my practice in conducting such file reviews to alert Agents by routing slip or telephone call if needed for prompt coverage of fugitive leads with due regard to fugitive deadlines. The delayed coverage of fugitive leads in this instance is regretted. Every effort will be made to insure that all such fugitive investigations receive prompt and thorough investigation in the future.

SAC LEONARD BLAYLOCK:
4/26/67
LB/jvp

The above comments have been carefully reviewed and the delay is regretted. The agent to whom this case is assigned is a veteran and experienced agent and should

have initiated needed action without being prompted. This will be brought to the attention of all investigative personnel and close supervision given to matters of this type to avoid recurrences.

b6
b7C

INSPECTOR There appears to be no Seat of Government culpability in this case since the error could only be detected by a review of the field office file.

ALBUQUERQUE INSPECTION

OGEB/jvp
4/26/67

May 5, 1967

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

The inspection of the Albuquerque Division which was recently completed revealed that you did not adequately discharge your investigative responsibilities in the Unlawful Flight to Avoid Prosecution case involving [redacted] You permitted excessive delay to occur in covering certain leads in this fugitive case, investigation on one lead was not reported and no investigation was conducted with regard to another lead. Your handling of this case was not in compliance with Bureau regulations. b6 b7C

You will be expected hereafter to perform your duties in a more prompt and thorough manner so that criticism of this nature will not be necessary again.

Very truly yours,

J. Edgar Hoover

John Edgar Hoover
Director

REC-141

- 1 - SAC, Albuquerque (Personal Attention)
1 - Movement
1 - SOG Albuquerque Office Personnel File

DGS:mfl
(6)

REC'D-READING ROOM

Based on Albuquerque Inspection Personnel Write-up, 4-14-67, LB:fd.

Tolson _____
DeLoach _____
Mohr _____
Wick _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM [] TELETYPE UNIT []

67-44041-187
Searched _____ Numbered _____
5 MAY 5 1967
HND

REPORT OF MEDICAL EXAMINATION

88-109-01

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. N/A	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 Kirby, N.E. Albuquerque, New Mexico			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 4 Oct. 67	
7. SEX Male	8. RACE Caucasian	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4yrs. CIVILIAN 20yrs.		10. AGENCY FBI	11. ORGANIZATION UNIT -	
12. DATE OF BIRTH (47) 16 Mar 20		13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Same as Item #4 (Wife) b6 b7C		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 4900th USAF Dispensary, Kirtland AFB, N.Mex.				16. OTHER INFORMATION -		
17. RATING OR SPECIALTY -				TIME IN THIS CAPACITY (Total) -		LAST SIX MONTHS -

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNO- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Treatate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Exempt feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	43. PELVIC (Female only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE

40. Acne rosacea - moderately severe, limited to face.

42. Highly nervous & excitable, but no evidence of
formal thoughts disorder or neurotic decompensation.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Exam Type 3 Class 1 Is Qualified HRB	
O—Restorable teeth N—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 6)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
H																	T
T	X																

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.023		46. CHEST X-RAY (Place, date, film number and result) Kirtland AFB, New Mexico 14 x 17 #B5243 (See SF519) 4 Oct. 67	
B. ALBUMIN Neg.	D. MICROSCOPIC Occ WBC, Few Epi, Mod mucous/HPF	50. OTHER TESTS Hematocrit 55%	
C. SUGAR Neg.	48. EXG Normal		
47. SEROLOGY (Specify test used and result) CMF - Neg		49. BLOOD TYPE AND RH FACTOR B Positive	

64 OCT 23 1967

OCT 23 1962

MEASUREMENTS AND OTHER FINDINGS													
51. HEIGHT 69	52. WEIGHT 139	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM X	HEAVY	OBESE	56. TEMPERATURE				
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)									
A. SITTING SYS. 129 DIAS. 96		B. RECUMBENT SYS. - DIAS. -		C. STANDING (3 min.) SYS. - DIAS. -		A. SITTING 89		B. AFTER EXERCISE -		C. 2 MIN. AFTER -			
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION					
RIGHT 20/ 70		CORR. TO 20/ 25		BY - S. -		CX -		20/ 70		CORR. TO 20/ 50			
LEFT 20/ 200		CORR. TO 20/ 25		BY - S. -		CX -		20/ 30		CORR. TO 20/ 25			
62. METEOROPHORIA (Specify distance)													
VIA-ND		ES°		EX°		R. H.		L. H.		PRISM DIV.			
1		0		0		1		-		PRISM CONV. CT -			
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)					
RIGHT -		LEFT -		VTS - CV Passes				UNCORRECTED -					
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST					
				NIBH				69. INTRAOCULAR TENSION					
								20.6 OU					
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)	
RIGHT WV - 7/15 SV - /15				250 500 1000 2000 3000 4000 6000 8000 800 810 1014 2048 3096 4096 6144 8192									
LEFT WV - /15 SV - /15				RIGHT - 5 5 10 35 50 35 - LEFT - 10 5 20 45 15 35 -									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY 2nd right toe injured - X-Ray negative for fracture 2 weeks ago - no comp., no seq. No other significant interval medical history since last physical examination.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)
#40. Acne Rosacea - moderately severe.
#71. Slight hearing loss.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P	U	L	H	E	S
						1	1	1	1	2	1
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Is qualified for FBI Duty. B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
						A	B	C	E		
							X				
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT USAF MC						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-111-1-188

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 153
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	142 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☒ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

Signature of Medical Examiner

4 Oct 67

Date



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	6/29/67	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE
Address	
1309 Kirby NE, Albuquerque, New Mexico	

b6
b7C

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]
Address	
[Redacted]	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
Address	
Name (contingent beneficiary, if desired; use given first name if female)	Relationship
Address	

Payment Received
Special Agents Insurance Fund

JUL 27 1967

J. Edgar Hoover, Director

Very truly yours,

Joseph F. Condon
Special Agent

B-200



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	5/25/67	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE

Address 2701 N. Orchard, Roswell, New Mexico b6
b7C

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address [Redacted]

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address [Redacted]

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address [Redacted]

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 7 1967

J. Edgar Hoover, Director

Joseph F. Condon
Special Agent

8-ecd

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/12/67

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
10/12/67 by SAC LEO E. CONROY that he can operate a Bureau car
 (date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks: Re Item 59. SA CONDON is making an appointment to have his vision checked and corrected to 20/20 in each eye. The Bureau will be advised when this has been done.

2 - Bureau (Enc. 3) ENCLOSURE
 1 - Albuquerque det 1 SF88
 /fd
 (3)

llc
 10-17-67

NOT RECORDED
 will follow
 rad
 10-20-67

5
 4 OCT 23 1967

THREE
 rad

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/4/67

FROM : *JSB* SAC, ALBUQUERQUE (67-2177)

Attention: Personnel Section

SUBJECT: SA JOSEPH F. *A* CONDON
PHYSICAL EXAMINATION MATTER

☒ Remylet 10/12/67
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to 20/20 in each eye Employee specifically instructed
10/12/67 by SAC LEO E. CONROY that he can operate a Bureau car
 (date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau
 1 - Albuquerque
 /fd
 (2)

DEC 2 3 11 11 AM '67

REC'D COMM'DIA

67-NOT RECORDED
 2 DEC 7 1967

THREE
rad

SAC Albuquerque

2/20/68

Director, FBI

Joseph F. Condon
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 2/5/68 to 2/16/68

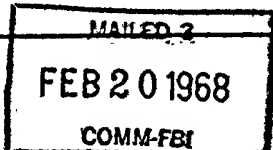
☐ Criminal☐ Accounting☒ Security☐ Expert Firearms-Defensive Tactics☐ Basic☒ Advanced☐ _____

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained.

Notebook _____
Examination _____
Shotgun Course #2 _____ 14/25
Rifle _____ 88
Machine Gun _____ 88

Specialized Training:

	From	To
Admin. Firearms:	_____	_____
	_____	_____



Tolson _____
DeLoach _____
Mohr _____
Bishop _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

JOSEPH F. CONDON
ALBUQUERQUE

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 3/28/68

FROM : SAC, ALBUQUERQUE

SUBJECT: JOSEPH F. CONDON
SPECIAL AGENT

The above Agent was transferred from the Bureau to Albuquerque by letter dated July 24, 1964, due to a family health problem for which his physician recommended a high, dry climate. I have been advised by SA CONDON that the change in climate has proved most beneficial and that he is deeply grateful to the Director for his consideration in helping to resolve this problem. For this reason, SA CONDON has not been available for general assignment.

I have also been advised by SA CONDON that he now desires to declare himself available for general assignment in accordance with the over-all needs of the Bureau. SA CONDON has requested, however, that, in the event a transfer is contemplated, the Bureau give consideration to this family health problem.

2 - Bureau
1 - Albuquerque
LEC:fd
(3)

REC-132

67-	414041-189
Searched	Numbered
9	APR 3 1968



APR 4 1968

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
CONDON	JOSEPH	FRANCIS	3/16/20	072 12 9337
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
FEDERAL BUREAU OF INVESTIGATION			ALBUQUERQUE, N.M. 87112	

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance

☐
(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance

☒
(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance

☐
(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",
COMPLETE THE "STATISTICAL STUB." THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

Joseph J. Condon

DATE

2/8/64

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

FEB 13 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T
JANUARY 1968
(For use only until April 14, 1968)
176-101

INSTRUCTIONS TO EMPLOYING AGENCY

1. **Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
2. **Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
3. **Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
4. **Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major discrepancy such as a mark in more than one box.
(b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:
Office of Federal Employees' Group Life Insurance
(Statistical Study)
4 East 24th Street
New York, New York 10010
(c) If the employee marked box B, detach and destroy the stub.
5. **Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.
(b) The effective date is determined from the table below.
6. **Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
7. **Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.
3. An employee with an uncanceled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from 4/1/67 to 3/31/68ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials:Rated by: *Geo E. Conroy* SAC 4/5/68
Signature Title DateReviewed by: _____
Signature Title DateRating Approved by: *W. J. Sullivan* Assistant Director APR 16 1968
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative☐ 60-Day☐ 90-Day☐ Transfer☐ Separation from Service☐ Special

Searched

Numbered

5 APR 11 1968

10 APR 18 1968

73

OFFICE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee SA JOSEPH F. CONDON

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
E (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
E (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
E (6) Forcefulness and aggressiveness as required.
E (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E (8) Initiative and the taking of appropriate action on own responsibility.
E (9) Planning ability and its application to the work.
E (10) Accuracy and attention to pertinent detail.
E (11) Industry, including energetic, consistent application to duties.
E (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
E (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E (14) Investigative ability and results:
E (a) Internal security cases
E (b) Criminal or general investigative cases
E (c) Fugitive cases
E (d) Applicant cases
O (e) Accounting cases
E (15) Physical surveillance ability.

- E (16) Firearms ability.
E (17) Development of informants and sources of information.
E (18) Reporting ability:
E (a) Investigative reports
E (b) Summary reports
E (c) Memos, letters, wires
 (Consider: E conciseness; E clarity; E organization; E thoroughness; E accuracy; E adequacy and pertinency of leads; E administrative detail.)
E (19) Performance as a witness.
O (20) Executive ability:
+ (a) Leadership
+ (b) Ability to handle personnel
+ (c) Planning
+ (d) Making decisions
+ (e) Assignment of work
+ (f) Training subordinates
+ (g) Devising procedures
+ (h) Emotional stability
+ (i) Promoting high morale
+ (j) Getting results
E (21) Ability on raids and dangerous assignments:
E (a) As leader
E (b) As participant
E (22) Organizational interest, such as making of suggestions for improvement.
E (23) Ability to work under pressure.
E (24) Miscellaneous. Specify and rate:
+ Dictation ability Very Good
+ Applicant Recruitment Very Good

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
 D. 1. Has employee had an abnormal sick leave record during rating period? NO 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)
 E. Is employee qualified to operate a motor vehicle incidental to his official duties? XX Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JP

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: SA CONDON presents a substantial appearance, is always well groomed, has a friendly personality and handles contacts effectively.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

SA CONDON has demonstrated his ability to lead and participate in raids and dangerous assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Since his transfer to headquarters city from the Roswell Resident Agency in May, 1967, SA CONDON has handled primarily security work; however, he has also conducted a number of general, criminal and applicant investigations. He has demonstrated an ability to handle the more complicated types of cases with only average supervision. He is an approved Bureau speaker and is reportedly effective and capable in this capacity.

Although SA CONDON is aware of the Bureau's needs for qualified applicants he has not been successful in recruiting an applicant during the rating period.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

SA CONDON shared in a letter of commendation from the Director to personnel of the Albuquerque Office dated 11/9/67.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

By letter dated 5/5/67, SA CONDON was censured for his failure to adequately discharge his investigative responsibilities in an Unlawful Flight to Avoid Prosecution investigation, which deficiencies were detected during the inspection in April, 1967. The deficiencies noted were taken into consideration in connection with items 9, 12 and 13 on the performance rating guide.

7. PARTICIPATION IN INFORMANT PROGRAMS: During the latter part of the rating period SA CONDON opened for development 1 potential Security Informant and 1 Probationary Racial (ghetto) informant. It is expected that SA CONDON will improve his accomplishments in the Informant Development Program in the near future.

8. TESTIFYING EXPERIENCE AND ABILITY:

During the rating period, he has testified before the U.S. Commissioner and the Federal Grand Jury and in prior periods has testified before the U.S. District Court. He reportedly makes an excellent witness.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA


Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. ☐ Yes ☒ No
- (b) Agent is completely available for administrative advancement. ☐ Yes ☐ No
- (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No
- (d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding
- (e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No


Initials

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
---------------------------	------------------------

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			3/ <i>[Signature]</i>

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
15 OCT 12 1968

J. Edgar Hoover

JOHN EDGAR HOOVER
DIRECTOR

(DATE)

PERSONNEL FILE COPY



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$20, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$20,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA JOSEPH F. CONDON	5/20/68	ALBUQUERQUE

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE

Address
1309 Kirby NE, Albuquerque, New Mexico 87112

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address	b6 b7C
[Redacted]	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	[Redacted]

Address

Very truly yours,

Payment Received
Special Agents Insurance Fund

JUN 1 1968

J. Edgar Hoover, Director

Joseph F. Condon
Special Agent

8-ecd

27

REPORT OF MEDICAL EXAMINATION

88-105
1A-0109-200-7002

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1309 Kirby NE, Albuquerque, N.M. 87112			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/7/68
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 21 yrs		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN wife, same as #4	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Sandia Base Army Hospital				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int & ext, ossicles) (Auditory acuity under stems 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under stems 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC Not Done	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under stem 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

67-414041-191
Searched _____ Numbered _____
9 OCT 29 1968 45

REC-148

THREE
P99

Item 40 — Acne Rosacea of face
/ ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Type 3 Exam Class 3 accepted KDA	
O—Restorable teeth X—Missing teeth (6 X 8)—Fixed bridge, brackets to include abutments —Nonrestorable teeth XXX—Replaced by dentures																			
R I G H T	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.023		46. CHEST X-RAY (Place, date, film number and result) SBAH; 7 Oct. 68; 66235; Fibrocalcific scarring, both lungs, but no evidence of active disease in chest.	
B. ALBUMIN Neg.	D. MICROSCOPIC 1-2 epithelial cells/HPF		
C. SUGAR Neg.	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR B-Pos.	50. OTHER TESTS Hematocrit 48 Hemoglobin 15.4
47. SEROLOGY (Specify test used and result) Cardiolipin microflocc- non reactive.			

NOV 8 1968

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 6"		52. WEIGHT 143		53. COLOR HAIR Gray		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 136 DIAS. 82		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. 136 DIAS. 82		A. SITTING 84		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/ 70 CORR. TO 20/ 20		BY S. OX		4"-18" CORR. TO 8 BY 22"							
LEFT 20/ 70 CORR. TO 20/ 20		BY S. OX		4"-20" CORR. TO 7 BY 22"							
62. METROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED		CORRECTED	
RIGHT LEFT		Pseudo-achromatic- Normal									
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION			
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and scores)			
RIGHT WV /15 SV 20 /15		250 500 1000 2000 3000 4000 6000 8000									
LEFT WV /15 SV 20 /15		RIGHT 0 0 10 20 55 45									
		LEFT 5 0 0 30 45 50									
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Item 59 - Defective Vision for Distant Reading, corrected with eye glasses.
Item 71 - Bilateral High Frequency Hearing Loss.

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR FBI duty
B. ☐ IS NOT QUALIFIED FOR

77. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGN

SIGN

A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

R OF AT-
D SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects.

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects.

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-414041-191

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
XX 5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

Signature of Medical Examiner

7 October 1968
Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/22/68

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to _____ Employee specifically instructed
10/22/68 by SAC JORDAN that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc.-3) ENCLOSURE
1 - Albuquerque
/fd
(2)

NOT RECORDED

THREE
P99

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING *W. H. Sullivan*

Name of Employee: JOSEPH F. CONDON

Where Assigned: ALBUQUERQUE
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from 4/1/68 to 3/31/69

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials
JS

Rated by: *Thomas J. Jordan* SAC 3/31/69
Signature Title Date

Reviewed by: *W. H. Sullivan* Assistant Director APR 15 1969
Signature Title Date

Rating Approved by: *W. H. Sullivan* REC-146 67-0111041-142
Signature Search Title Numbered Date

TYPE OF REPORT

☒ Official
☒ Annual

☒ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

9 APR 21 1969

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JOSEPH F. CONDON

RATING GUIDE AND CHECK-LIST

Notes: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining objective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
E (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
E (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
E (6) Forcefulness and aggressiveness as required.
E (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ (8) Initiative and the taking of appropriate action on own responsibility.
+ (9) Planning ability and its application to the work.
E (10) Accuracy and attention to pertinent detail.
E (11) Industry, including energetic, consistent application to duties.
E (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
E (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E (14) Investigative ability and results:
 - E (a) Internal security cases
 - E (b) Criminal or general investigative cases
 - E (c) Fugitive cases
 - E (d) Applicant cases
 - 0 (e) Accounting cases- E (15) Physical surveillance ability.

- E (16) Firearms ability.
E (17) Development of informants and sources of information.
E (18) Reporting ability:
 - E (a) Investigative reports
 - E (b) Summary reports
 - E (c) Memos, letters, wires
 (Consider: E conciseness; E clarity; E organization; E thoroughness; E accuracy; E adequacy and pertinency of leads; E administrative detail.)
0 (19) Performance as a witness.
0 (20) Executive ability:
 - + (a) Leadership
 - + (b) Ability to handle personnel
 - + (c) Planning
 - + (d) Making decisions
 - + (e) Assignment of work
 - + (f) Training subordinates
 - + (g) Devising procedures
 - + (h) Emotional stability
 - + (i) Promoting high morale
 - + (j) Getting results- E (21) Ability on raids and dangerous assignments:
 - E (a) As leader
 - E (b) As participant
- E (22) Organizational interest, such as making of suggestions for improvement.
- E (23) Ability to work under pressure.
- E (24) Miscellaneous. Specify and rate:
 - E Dictation ability

E Applicant Recruitment

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Security

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? YES (If answer is not "yes," explain in narrative comments.)

- D. 1. Has employee had an abnormal sick leave record during rating period? _____ 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? NO (If answer to either question is "yes," explain in narrative comments.)

- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

Outstanding, Excellent, Satisfactory, Unsatisfactory

NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA CONDON is always well groomed, making an excellent personal appearance and possesses a friendly personality which is well received by his fellow employees and the general public.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

SA CONDON is well qualified to lead and participate in raids and dangerous assignments.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

None

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

SA CONDON is assigned to headquarters city where he handles matters in the security field. He has demonstrated the ability to handle the more complicated types of cases with only average supervision. He is an approved Bureau speaker and is reportedly effective and capable in this capacity. He has an excellent knowledge of Bureau rules and regulations and is a loyal and capable Agent. During the rating period he has developed sources in the radical groups at the University of New Mexico campus on a high level and through the handling of his sources he has been able to furnish the Bureau on a nationwide level their activities. His performance in this regard merits a rating of Excellent.

During the rating period SA CONDON has been successful in recruiting one clerical applicant for Bureau employment and is well aware of the Bureau's needs in this field.


Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED:

SA CONDON shared in a general letter of commendation from the Director, dated 10/21/68.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

NA

7. PARTICIPATION IN INFORMANT PROGRAMS: SA CONDON currently has assigned 1 SI, 1 Racial Probationary (Ghetto) Informant and 2 potential Security Informants. During the rating period he submitted 1 SI, 1 potential Security Informant and 1 Racial Probationary (Ghetto) Informant. His participation is considered excellent.

8. TESTIFYING EXPERIENCE AND ABILITY:

Qualified; no testimony during rating period.

9. ACCOUNTING INFORMATION:

NA

10. POLICE INSTRUCTION:

NA

11. RESIDENT AGENTS:

NA



Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

NA

13. FOREIGN LANGUAGE ABILITY:

NA

Language in which proficient _____

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

- (a) Agent is interested in administrative advancement. ☐ Yes ☒ No
- (b) Agent is completely available for administrative advancement. ☐ Yes ☐ No
- (c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☐ Yes ☐ No
- (d) If answer to (c) is "Yes," Agent's qualifications are considered
☐ very good ☐ excellent ☐ outstanding
- (e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No



Initials

DIRECTOR, FBI
ATTN: ADMINISTRATIVE DIVISION

4/1/69

SAC, ALBUQUERQUE (1-118)

SATURDAY SUPERVISORS -
ALBUQUERQUE DIVISION

This office desires to add the following two Special Agents as being qualified for Saturday and holiday relief supervisor duties:

SA JOSEPH F. CONDON
SA GAYLE K. MARZ

SA MARZ previously served as a supervisor at the Washington Field Office and SA CONDON served as a supervisor at the Seat of Government. Both have familiarized themselves with the operation of the Albuquerque Office and are qualified both from experience and background to act in the above capacity.

UACB, the following two individuals will be added to the list of qualified supervisors for Saturday and holiday duty.

3 - Bureau
3 - Albuquerque (1 - SA CONDON) (1 - SA MARZ)
RSP:fd
(6)

ORIGINAL FILED IN 44-1471-772

APR 23 1969

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date 6-30-69

I certify that I have ☐ received ☒ returned the following Government property for official use:

1 Zipper Brief Case (destroyed per r/s 6-13-69)

FILE

3/

RK

READ

The Government property which you hereby acknowledge
is charged to you and you are responsible for taking care
of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN
ANY WAY

7 JUL 2 1969

Very truly yours,

(Signature)

Joseph F. Condon RK

(Typed name)

Joseph F. Condon

REPORT OF MEDICAL EXAMINATION

88-114
BOB approval No. 80-R157

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072-12-9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE, Albuquerque, New Mexico 87112			5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/23/69	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 22		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN wife, same as #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Sandia Base Army Hospital				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int & ext (canals) (Auditory acuity under items 70 and 71))	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
25. OPHTHALMOSCOPIC not done	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Vascularities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulas, Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-137 67-414041-193
Numbered
196939

THREE
Item 40 - Acne Rosacea of Face

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Exam 3 Class 2C Acceptable RKM																														
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (8 X 8)—Fixed bridge, brackets to include abutments																																
R I G H T	<table><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr><tr><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td></tr></table>	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	L E F T
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																		
31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																		

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.013		46. CHEST X-RAY (Place, date, film number and result) SBAM; Oct. 23, 69; 66235; No change from Oct. 7, 1969.	
B. ALBUMIN Neg.	D. MICROSCOPIC Ess. Neg.		
C. SUGAR Neg.			
47. SEROLOGY (Specify test used and result) Cardiolipin micromicroscul ation non-reactive		48. EKG Normal	49. BLOOD TYPE AND RH FACTOR B+
		50. OTHER TESTS Hematocrit 51; hemoglobin 16.9	

MEASUREMENTS AND OTHER FINDINGS																																															
51. HEIGHT 5'9"	52. WEIGHT 144	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM X	HEAVY	OBESE	56. TEMPERATURE 98.6																																						
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)																																											
A. SITTING SYS. 120 DIAS. 80		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER																																					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																							
RIGHT 20/ 70		CORR. TO 20/ 20		BY S.		CX		6-18		CORR. TO 8" BY 22"																																					
LEFT 20/ 70		CORR. TO 20/ 20		BY S.		CX		6-20		CORR. TO 8" BY 22"																																					
62. METEOROPHORIA (Specify distance)																																															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																																					
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)																																							
RIGHT		LEFT		PIP Normal				UNCORRECTED																																							
								CORRECTED																																							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST																																							
								69. INTRAOCULAR TENSION																																							
70. HEARING				71. AUDIOMETER																																											
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td>RIGHT</td> <td>5</td> <td>5</td> <td>5</td> <td>15</td> <td>15</td> <td>60</td> <td>40</td> <td></td> </tr> <tr> <td>LEFT</td> <td>5</td> <td>0</td> <td>5</td> <td>25</td> <td></td> <td>40</td> <td>65</td> <td></td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		250	500	1000	2000	3000	4000	6000	8000	RIGHT	5	5	5	15	15	60	40		LEFT	5	0	5	25		40	65	
	250	500	1000	2000	3000	4000	6000	8000																																							
	250	500	1000	2000	3000	4000	6000	8000																																							
RIGHT	5	5	5	15	15	60	40																																								
LEFT	5	0	5	25		40	65																																								
				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Item 40 - Acne Rosacea of Face
 Item 59 - Defective Vision for Distant Reading, corrected to eyeglasses.
 Item 71 - Bilateral High Frequency Hearing Loss.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE					
P	U	I	M	E	S

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR FBI Duty
 B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. must wear properly fitted ear plugs when on Firearms Training

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-414041-193

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds

☐ gain _____ pounds

Remarks: _____

b6
b7c

Signature of Medical Examiner

23 Oct. 1969

Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/31/69

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to 20/20 Employee specifically instructed
10/31/69 by SAC THOMAS J. JORDAN that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc.-3)
1 - Albuquerque
/fd
(2)

3 ENCLOSURE

HANDLED SEPARATELY

3/ NOV 12 1969

67-NOT RECORDED-1

THREE
JSC

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from 4/1/69 to 2/16/70ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials

Rated by:

Thomas J. Jordan
Signature

SAC

Title

2/16/70

Date

Reviewed by:

Signature

Title

Date

Rating Approved by:

W. H. Hall
Signature

Assistant Director

Title

FEB 26 1970

Date

TYPE OF REPORT

☐ Official
☐ Annual

☒ Administrative
☐ 60-Day
☐ 90-Day
☒ Transfer of SAC
☐ Separation from Service
☒ Special

REC-140

67-414041-194	
Searched	50
6 MAR 4 1970	

MAR 9 1970

49

37

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

CHECKLIST AND NARRATIVE COMMENTS

- E 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
E 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)

No limitations on availability, no physical limitations and has not taken more sick leave than earned during rating period.

- + 5. Resourcefulness, ingenuity, and initiative.
E 6. Forcefulness and aggressiveness as required.
E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ 8. Planning of work.
E 9. Accuracy and attention to pertinent detail.
E 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
E 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E 12. Investigative results (rate applicable cases) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; 0 E. Accounting.
 Complexity of investigative matters handled: ☐ None ☐ Moderate ☒ Most complicated.
 Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None
 COMMENT on type of work handled entire rating period and appraisal of overall work performance:

SA CONDON is a headquarters city Agent, assigned to matters in the security field. During the rating period he has developed sources in the radical groups at the University of New Mexico campus on a high level and through these sources has been able to furnish the Bureau on a nationwide level their activities. He has the ability to handle the complicated type assignments with a minimum of supervision. He is an approved Bureau speaker and is reportedly capable and effective in this capacity. His knowledge of Bureau rules and regulations is excellent. He is a loyal and experienced Agent and I consider his over-all performance excellent.

- A. Is employee available for general assignment YES; special assignment YES; wherever needs of service require? YES
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security; Bureau speaker

ADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS JF

(Checklist and Narrative Comments continued)

E 13. Firearms.

E 14. Development of informants and sources of information. COMMENT on participation in this program.

SA CONDON currently has assigned 1 Racial Probationary Ghetto Informant, 1 PSI and 1 SI, all of which he previously developed. I consider his participation excellent.

E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Investigative reports; E B. Summary reports; E C. Memos, letters, wires

O 16. Performance as a witness during rating period. ☐ Excellent ☐ Satisfactory
If none, ability based on past performance: ☒ Excellent ☐ Satisfactory ☐ No experience

O 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)

/ A. Leadership / F. Devising procedures
/ B. Ability to handle personnel / G. Promoting high morale
/ C. Making decisions / H. Getting results
/ D. Assignment of work / I. Furthering equal employment opportunity.
/ E. Training subordinates

E 18. Raids and dangerous assignments; E A. As leader; E B. As participant

/ 19. Miscellaneous. Specify and rate:

E Dictation; / Applicant recruitment; / Other

O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

NA 21. Foreign Language Ability: Proficient in _____ language(s).

Can handle typical investigative problems as follows:

A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____

Anticipated use during ensuing year _____

22. Administrative Advancement: ☐ (Check block if not interested.)

A. ☐ Yes ☒ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent in considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding

EXPLAIN if interested but not now qualified.

23. Number of Incentive Awards 0 Commendations 1 received from Director. Suggestions submitted 0.

24. ☒ None. Disciplinary Action and Justification for any Unsatisfactory Items. (List items taken into consideration on Checklist.)

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDON

Where Assigned: ALBUQUERQUE
(Division) (Section, Unit)

Official Position, Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from 4/1/69 to 3/31/70

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

[Handwritten Initials]

Rated by: Wesley T. Whaley SAC 4/1/70
Signature Title Date

Reviewed by: _____
Signature Title Date

Rating Approved by: [Signature] Assistant Director APR 16 1970
Signature Title Date

TYPE OF REPORT

☒ Official
☐ Annual

REC-139

414041-195
Sea: ☐ Administrative
☒ 60-Day
☐ 90-Day
☐ Transfer
☒ Separation from Service
☐ Special

APR 17 1970
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PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL (For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise

(Use INK for Checklist - DO NOT TYPE)

CHECKLIST AND NARRATIVE COMMENTS

- E 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
E 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). COMMENT on limitations on availability, physical limitations affecting performance, and sick leave information. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? (If "yes" explain.)

No physical limitations and no limitations on availability; has not taken more sick leave than earned during rating period.

- + 5. Resourcefulness, ingenuity, and initiative.
E 6. Forcefulness and aggressiveness as required.
E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ 8. Planning of work.
E 9. Accuracy and attention to pertinent detail.
E 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
E 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E 12. Investigative results (rate applicable cases) E A. Internal Security; E B. Criminal or General Investigative;
E C. Fugitive; E D. Applicant; 0 E. Accounting.
 Complexity of investigative matters handled: ☐ None ☐ Moderate ☒ Most complicated.
 Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None
 COMMENT on type of work handled entire rating period and appraisal of overall work performance:

SA CONDON is a headquarters city Agent, assigned to matters in the security field. During the rating period he has developed sources

on a high level and through these sources has been able to furnish the Bureau on a nationwide level their activities. He has the ability to handle the complicated type assignments with a minimum of supervision. He is an approved Bureau speaker and is reportedly capable and effective in this capacity. His knowledge of Bureau rules and regulations is excellent. He is a loyal and experienced Agent.

- A. Is employee available for general assignment YES; special assignment YES; wherever needs of service require?
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): Security

ADJECTIVE RATING: EXCELLENT

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS [Signature]

(Checklist and Narrative Comments continued)

E 13. Firearms

E 14. Development of informants and sources of information. COMMENT on participation in this program.

SA CONDON currently has assigned 1 Racial Probationary Ghetto Informant, 1 PSI and 1 SI, all of which he previously developed. I consider his participation excellent.

E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Investigative reports; E B. Summary reports; E C. Memos, letters, wires

E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

0 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents.)

/ A. Leadership / F. Devising procedures
/ B. Ability to handle personnel / G. Promoting high morale
/ C. Making decisions / H. Getting results
/ D. Assignment of work / I. Furthering equal employment opportunity.
/ E. Training subordinates

E 18. Raids and dangerous assignments; E A. As leader; E B. As participant

/ 19. Miscellaneous. Specify and rate:

E Dictation; / Applicant recruitment; / Other

0 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

NA 21. Foreign Language Ability: Proficient in _____ language(s).
Can handle typical investigative problems as follows:

A. Conversation form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)

B. Written form _____ ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
(language)

Frequency _____ language ability used during rating period _____

Anticipated use during ensuing year _____

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
EXPLAIN if interested but not now qualified.

23. Number of Incentive Awards 0 Commendations 1 received from Director. Suggestions submitted 0.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None (List items taken into consideration on Checklist.)

REPORT OF MEDICAL EXAMINATION

88-114
BOB approval No. 80-R157

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT	3. IDENTIFICATION NO. 072-12-9337
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, New Mexico 87112		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 10/12/70
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 23	10. AGENCY FBI
11. ORGANIZATION UNIT		12. DATE OF BIRTH 3/16/20	
13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN as #4 wife, same	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Sandia Base Army Hospital		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fissures, Pilonidal, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-138

67-414041-196
7 OCT 27 1970

THREE

Item 40 — Acne Rosacea of Face

ENCLOSURE

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
O—Restorable teeth —Nonrestorable teeth	X—Missing teeth XXX—Replaced by dentures (6 X 6)—Fixed bridge, brackets to include abutments
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
	X X 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9
L E F	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
**Exam T-3
Class I**

LABORATORY FINDINGS	
45. URINALYSIS: A. SPECIFIC GRAVITY 1.013	46. CHEST X-RAY (Place, date, film number and result) MEDSB: OCT. 12, 70; 66235; See X-ray slip. No evidence of active pulmonary disease.
B. ALBUMIN Neg.	D. MICROSCOPIC 0-3 WBC/HPF
C. SUGAR Neg.	E. EPITHELIAL CELL COUNT Occ. Epith. Cell/HPF
47. SEROLOGY (Specify test used and result) Cardiolipin microflocculation non-reactive.	48. EKG WNL
	49. BLOOD TYPE AND RH FACTOR B POS
	50. OTHER TESTS Hematocrit 50; hemoglobin 16.6

6 NOV 3 1970 134

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69"	52. WEIGHT 142	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one)	SLENDER	MEDIUM X	HEAVY	OBESE	56. TEMPERATURE 98.2																																										
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)																																															
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																																					
SYS. 120 DIAS. 76		SYS. DIAS. 		SYS. DIAS. 		76		84		68																																									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																											
RIGHT 20/ 70 CORR. TO 20/				BY S. CX				12"-20" CORR. TO 3" BY 24"																																											
LEFT 20/ 70 CORR. TO 20/				BY S. CX				12"-22" CORR. TO 3" BY 24"																																											
62. METEOPHORIA (Specify distance)																																																			
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD																																					
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																																							
RIGHT LEFT				PIP 18X18 Correct								CORRECTED																																							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION																																							
70. HEARING				71. ISO 1964 AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																							
RIGHT WV /15 SV 20 /15				<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>800</td> <td>1250</td> <td>1000</td> <td>800</td> <td>800</td> <td>800</td> <td>800</td> <td>800</td> </tr> <tr> <td>RIGHT</td> <td>5</td> <td>0</td> <td>0</td> <td>10</td> <td></td> <td>45</td> <td></td> <td>65</td> </tr> <tr> <td>LEFT</td> <td>5</td> <td>0</td> <td>0</td> <td>15</td> <td></td> <td>45</td> <td></td> <td>55</td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		800	1250	1000	800	800	800	800	800	RIGHT	5	0	0	10		45		65	LEFT	5	0	0	15		45		55				
	250	500	1000	2000	3000	4000	6000	8000																																											
	800	1250	1000	800	800	800	800	800																																											
RIGHT	5	0	0	10		45		65																																											
LEFT	5	0	0	15		45		55																																											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Item 40 - Acne Rosacea of Face
 Item 59 - Defective Vision for Distant Reading, corrected w/ eyeglasses.
 Item 71 - Bilateral High Frequency Hearing Loss.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR FB/Security
 B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TY

SIGNATURE

81. TY SPCIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner.**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. Must wear properly fitted ear plugs when on Firearms Training

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

67-414581-196

NOV 2 1970

Desirable Weight Range for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 129	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
(5'9")	136 - 146	(142 - 156)	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

Signature of Medical Examiner

12 October 1970
Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/21/70

FROM: SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☐ Remylet _____

☐ ReBulet _____

☐ Re physical examination _____

☐ Dental work was completed on _____

☒ Vision has been corrected to 20/20 ea. eye with glasses Employee specifically instructed
10/21/70 by SAC WHALEY that he can operate a Bureau car
 (date) (name of person giving instruction)
 only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.

☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.

☐ Enclosed are ☐ paid ☐ unpaid medical bills.

☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.

☐ Employee is scheduled for physical examination on _____

☒ Physical examination report has been reviewed and initialed.

☐ Employee returned to active duty _____

☐ Employee's physical condition is _____

☐ UACB he is being removed from limited duty.

☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc.-3)

1 - Albuquerque

/fd

(2)

ENCLOSURE

NOT RECORDED-7

THREE

6 NOV 3 1970 134

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDON

Where Assigned: ALBUQUERQUE
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from 4/1/70 to 3/31/71

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials
JP

Rated by: Wesley T. Whaley SAC 4/1/71
Signature Title Date

Reviewed by: [Signature] [Signature]
Signature Title Date

Rating Approved by: M. P. Callahan Assistant Director APR 22 1971
Signature Title Date

TYPE OF REPORT

☒ Official!
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-136

67-414041-197
8 APR 13 1971

1 APR 22 1971

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)
Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.

- + 5. Resourcefulness, ingenuity, and initiative.
E 6. Forcefulness and aggressiveness as required.
E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ 8. Planning of work.
E 9. Accuracy and attention to pertinent detail.
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E 12. Performance results (rate if applicable and mark others 0) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA CONDON is one of the most experienced security agents in this Division. He works entirely in the security field and has done an excellent job in developing sources in the radical groups in the University of New Mexico. Although he works security matters, he has the ability to handle any complicated type case with the barest minimum of supervision. He is a loyal Agent whom I would not hesitate to utilize on any dangerous assignment.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

ADJECTIVE RATING:

EXCELLENTEMPLOYEE'S INITIALS JF

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

E 13. Firearms.

E 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.

During rating period developed _____ informants; _____ potential informants.

SA CONDON currently has assigned 1 SI, 1 racial ghetto informant under development and is developing three additional potential security informants. I feel his participation is excellent.

E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Reports; E B. Memos, letters, wires.

E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

E 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

/ A. Leadership
/ B. Ability to handle personnel
/ C. Making decisions
/ D. Assignment of work
/ E. Training subordinates

/ F. Devising procedures
/ G. Promoting high morale
/ H. Getting results
/ I. Furthering equal employment opportunity

E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.

E 19. Miscellaneous. Specify and rate:

E Dictation; E Applicant recruitment; _____ Other _____

O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

NA 21. Foreign Language Ability: Proficient in _____ language(s).

Can handle typical investigative problems as follows:

A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____.

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding

Explain if interested but not now qualified.

23. Number of Incentive Awards 0.

Commendations received from Director: Individual _____ Through Superior _____.

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS SC

PERSONAL INFORMATION
AND/OR
REQUEST FOR LEAVE

TO : DIRECTOR, FBI
FROM : SAC, ALBUQUERQUE (67-2177)
Name: JOSEPH F. CONDON

DATE: 4/23/71

Social Security No. 072-12-9337

Assigned ALBUQUERQUE EOD 1/20/47

REQUEST FOR LEAVE WITHOUT PAY		LWOP from _____ to _____
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason:		
ILLNESSES Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks) <input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Disease <input type="checkbox"/> Operation		
Date sick leave commenced	Date ceased active duty	Expected date of return to duty
Address: Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence		
EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave Employee has _____ hours of annual leave and _____ hours of sick leave (if applicable) accrued.		
DEATHS <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Other Relationship _____		
Name of deceased JAMES CONDON		Date and place of death 4/23/71, New York City, NY
Employee's residence address 1309 Kirby NE Albuquerque, N.M. 87112		If employee is leaving residence because of this death, what will be his temporary address? c/o New York FBI Office Time and date of departure: 9:30 AM, 4/24/71 Anticipated time and date of return: Approx. 4/28/71

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

1 - Bureau
1 - Albuquerque
/fd
(2)

REC-145

67-414041-198

Dis. Pers. Note

4-30-71

8 MAY 3 1971

THREE

April 30, 1971

Mr. Joseph P. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

I want to express my heartfelt sympathy
to you on the passing of your Father.

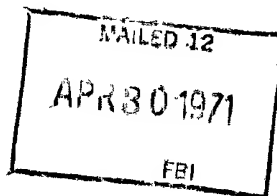
It is hoped that you will find consolation
in knowing that the thoughts of your friends and
associates in the FBI are with you.

Sincerely yours,

J. Edgar Hoover

1 - SAC, Albuquerque (Personal Attention)

SHG
(4)



NOT RECORDED

Tolson _____
Sullivan _____
Mohr _____
Bishop _____
Brennan, C.D. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Felt _____
Gale _____
Rosen _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

31/1 per
MAY 6 1971
39
edm

mcc/jmc

mcc JBS
MAY 3 1971

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 8/30/71

FROM: *WTH* SAC, ALBUQUERQUE (67-

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION

Done
OK
CE
Foley
H. Heston
Albuquerque
San Francisco

☐ Reylet _____
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X-ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☒ UACB he is being placed on limited duty.

Remarks:

SA CONDON advised me that on arriving home on the evening of 8/27/71, he stepped out of his car, slipped and caused a hairline fracture of the outside bone of his left ankle. At first he thought it was only a sprain and did not see a doctor until Saturday P.M. *[redacted]* advised him of the fracture and has placed his ankle in a cast. It is not known when he will be able to return to work however, the Bureau will be kept up to date on developments.

1 - Bureau (RM)
1 - Albuquerque
WTW:fd

(2)

NOT RECORDED
1 SEP 18 1971

noted
9-7-71
SA will be placed on
limited duty upon return
20

THREE
CE

b6
b7C

1 xerox 9/8/71 CKB

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 9/13/71

FROM: *WTR* SAC, ALBUQUERQUE (67-2177)

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION*ME
CSE Foley
WJ Goods
HD Heahy
ahodoge
JW Randolph*☐ Remylet _____
☒ ReBulet 9/10/71

- ☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
 _____ by _____ that he can operate a Bureau car
 (date) (name of person giving instruction)
 only when wearing the necessary glasses.

- ☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

- ☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☒ Employee returned to active duty 9/7/71
☒ Employee's physical condition is SATISFACTORY
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

SA CONDON's ankle is still in a cast and will be for another five weeks. Due to this fact and since his doctor has not released him, he is being continued on limited duty. When he is released by his physician, the doctor's statement will be obtained and forwarded to the Bureau.

1 - Bureau (RM)
 1 - Albuquerque
 /fd
 (2)

*Placed on
limited duty
9-7-71
WJ
9-17-71*

1 SEP 21 1971

THREE

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072-12-9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, N.M. 87112			5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY		6. DATE OF EXAMINATION 10/18/71	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 24		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, New York		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN same as #4 wife b6 b7C		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Occupational Health, KAFB, N.M.				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated, parietal movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-133

ENCLOSURE

67-414041-199	
Searched	Numbered
2	22 1971

THREE

swelling and
37. Mild/limitation of motion in left ankle due to fracture of lateral malleolus in August 1971.
40. Moderate acne rosacea of face.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

DENTAL																			
Restorable teeth				Non-restorable teeth				Missing teeth				Replaced by dentures				Fixed Partial dentures			
1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30	1	2	3	30
X																			
X																			
X																			

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 3
Class 1 qualified.
Needs prophylaxis.

LABORATORY FINDINGS

45. URINALYSIS. A. SPECIFIC GRAVITY 1.022		46. CHEST X-RAY (Place, date, film number and result) H-5342 - No significant abnormalities noted.	
B. ALBUMIN Negative	D. MICROSCOPIC	Time - Negative.	
C. SUGAR Negative	47. SEROLOGY (Specify test used and result) VDRL Non-reactive	48. EKG No change from previous tracings.	49. BLOOD TYPE AND RH FACTOR Hematocrit 52%
50. OTHER TESTS			

DEC 2 1971 WNL

93

MEASUREMENTS AND OTHER FINDINGS																					
51. HEIGHT - 68#		52. WEIGHT - 134		53. COLOR HAIR - Gray		54. COLOR EYES - Blue		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE - --										
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)															
A. SITTING		B. RECURRENT		C. STANDING (5 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.							
SYS 154		DIA 100		SYS 152		DIA 98		SYS 150		DIA 104		100		-112		88		80		102	
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION									
RIGHT 20/ 50		CORR. TO 20/ 20		BY S.		CX		20/70		CORR. TO 20/30		BY									
LEFT 20/ 50		CORR. TO 20/ 20		BY S.		CX		20/100		CORR. TO 20/30		BY									
62. METEOROPHORIA (Specify distance)																					
ES° 0		EX° 1		R. H. 0.5		L. H. 0		PRISM DIV.		PRISM CONV. CT		PC		PD°							
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED Passes A-F									
RIGHT LEFT								UTA-ND				CORRECTED									
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION									
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV		/15 SV		/15		250 800		500 810		1000 1040		2000 2040		3000 2800		4000 4000		6000 6140		8000 8100	
LEFT WV		/15 SV		/15		RIGHT /		5		10		15		50		60		40		/	
						LEFT /		5		15		25		55		55		40		/	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																					
(Use additional sheets if necessary)																					
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)																					
A. No.37 - Mild swelling and limitation of motion in left ankle.																					
B. No.40 - Moderate acne rosacea of face.																					
C. No.57&58- Mild elevation of blood pressure and pulse rate, <u>not</u> disqualifying, but should see private physician.																					
D. No.59 - Defective distant vision, corrected with glasses.																					
E. No.71 - High frequency hearing loss. F. Glaucoma, bilateral, medicated adequately.																					
75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)												76. A. PHYSICAL PROFILE									
												P U L H E S									
77. EXAMINEE (Check)												B. PHYSICAL CATEGORY									
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR Special Agent																					
B. <input type="checkbox"/> IS NOT QUALIFIED FOR																					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER												A B C E									
79. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE									
OCCUPATIONAL HEALTH																					
80. TYPED OR PRINTED NAME OF PHYSICIAN												SIGNATURE									
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)												SIGNATURE									
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY												SIGNATURE				NUMBER OF ATTACHED SHEETS					

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?
☒ No ☐ Yes If "yes" please specify defects. _____
- Does examinee have any defects prohibiting safe operation of motor vehicles?
☒ No ☐ Yes If "yes" please specify defects. _____
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-414041-199

Desirable Weight Ranges for Males, H. DIV.

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
(5'9")	136 - 146	(142 - 156)	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: Recommend medical attention for mild hypertension and elevation of pulse rate.

b6
b7C

Signature of Medical Examiner

Oct 27, 71
Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 11/19/71

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION

*Give order
to [unclear]
for [unclear]
[unclear]*

☒ Remylet 9/13/71
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☒ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☒ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

ENCLOSURE

*Removed from
limited duty
11-19-71
JGU
11-26-71*

1 - Bureau (Enc.-1) (RM)
1 - Albuquerque
/fd
(2)

67-NOT RECOR
8 DEC 2 1971

93

[Signature]

[REDACTED]
ORTHOPEDIC SURGERY
ENCINO MEDICAL PLAZA, SUITE 14
717, ENCINO PLACE, NORTHEAST
ALBUQUERQUE, NEW MEXICO 87106

[REDACTED]
November 18, 1971

PHONE 247-2473

TO WHOM IT MAY CONCERN:

Re: Joseph F. Condon

b6
b7c

Joseph F. Condon sustained a fracture of the left lateral malleolus on August 28, 1971. The fracture is completely healed by this time and the patient was discharged from treatment as of October 27, 1971. From an orthopedic standpoint the patient is qualified for strenuous physical exertion and the use of firearms.

SS:pcb

[REDACTED]

ENCLOSURE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI.

DATE: 11/16/71

FROM : SAC, ALBUQUERQUE (67-

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____☐ ReBulet _____☐ Re physical examination _____☐ Dental work was completed on _____☒ Vision has been corrected to 20/20 _____11/15/71

(date)

by

SAC WHALEY

(name of person giving instruction)

Employee specifically instructed

that he can operate a Bureau car

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

Remarks:

1 - Bureau (Enc. -

1 - Albuquerque

/fd

(2)

ENCLOSURE
HANDLED SEPARATELYRef to SAC: Re
Removal from
limited duty
WJ
11-23-71

NOT RECORDED

INDEXED

8 DEC 2 1971

93

SAC, ALBUQUERQUE

11-23-71

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
SPECIAL AGENT
LIMITED DUTY MATTER

- ☐ ReBulet _____
- ☒ Reurlet 11-16-71
- ☒ Re Physical Examination 10-28-71
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X-ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____
- ☒ Inasmuch as the Government doctor certified employee for full duty, he is being removed from limited duty effective this date. In the future, insure you submit a "UACB" recommendation concerning limited duty matters.

MAILED 21
NOV 23 1971
FBI

GWG:samsam
67-101-RECORDED
DEC 2 1971

REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☐ TELETYPE UNIT ☐

HP C-1034

Name: JOSEPH F. CONDON

Title: Special Agent

EOD: 1/20/47 - SE-Agent
7/27/47- Agent

Grade: GS-13, at \$23,089

Veteran

SAC WHALEY: This is submitted inasmuch as SA CONDON is involved in a substantive write-up.

WB
SA CONDON makes an excellent appearance and is an extremely experienced Agent in the security field, where he is assigned full time. He has an excellent attitude and has demonstrated his ability on many occasions to handle the most complicated investigative matters. This Agent has not been the object of any administrative action since the last inspection.

Rating: Excellent

Inspector's comments page two.

1
ENCLOSURE

*Censure let prep
12-20-71: JF*

*10-11-71
3-11-71*

NOT RECORDED
7 DEC 21 1971

42
ALBUQUERQUE INSPECTION
11/29/71
WTW:fd

INSPECTOR J. O. NEWPHER:
(J. S. Peelman:bhg, 12/15/71)

Inspector concurs with the comments
of SAC regarding the appearance of
SA Joseph F. Condon.

During the Albuquerque inspection, SA Condon was involved in a substantive error (write-up attached) for failure to recommend that a case be opened for investigation based upon information from an informant that an individual had made certain statements regarding [REDACTED]

b7D

[REDACTED] SA Condon stated in retrospect he should have recommended that a case be opened.

RECOMMENDATIONS

1. That SA Condon be censured for failure to recommend a case be opened on basis of security informant's information that an individual made certain statement regarding revolution and indication he was buying dynamite. If approved, to be handled by the Administrative Division.

2. Recommendations concerning other personnel being handled separately.

3. There is no SOG culpability as this error could be detected only from a review of the field office file.



SUBSTANTIVE ERROR WRITE-UP

AQ 318-S
SECURITY MATTER - NEW LEFT
BUREAU FILE NO. 134-17351
ALBUQUERQUE FILE NO. 134-304

INSPECTOR JAMES O. NEWPHER:

This is a pending case opened
on 3/14/68, and is assigned to

SA JOSEPH F. CONDON and supervised by the Special Agent in Charge
(SAC).

Source is an approved Bureau
Security Informant (SI). SI, by written report dated 6/17/70,
stated that, on that date,

[REDACTED]

By report dated 6/19/70, source
stated that

[REDACTED]

SA CONDON, by memo in channelizing the contents of the informant
reports, indicated the name [REDACTED] should be indexed. No case
was recommended to be opened on [REDACTED] This memo was initialed
for filing by the SAC.

A check of Albuquerque Office
indices fails to indicate a case has been opened on [REDACTED]
You are instructed to open a case on [REDACTED]

Explanations Requested:

1. SA CONDON is requested to
explain why he failed to recommend that a case be opened for
investigation to establish identification and potential dangerous-
ness of [REDACTED]

ALBUQUERQUE INSPECTION
11/29/71
JSP:nm

ENCLOSURE

b6
b7C
b7D

2. SAC is requested to explain why in his supervision of this case he initialed the memorandum for filing and failed to take appropriate action to see that a case was opened on [redacted]

SA JOSEPH F. CONDON:
11/29/71
JFC:fd

As indicated by the Inspector, I did not recommend at the time the memo was prepared that a case be opened on the

individual known only as [redacted]. The reasons why I did not recommend that a case be opened at that time were that the informant could furnish only a phonetic spelling of [redacted] surname; that source had not previously reported him as being active in any of the dissident groups [redacted] and that [redacted] comments were made during [redacted]

[redacted] In this connection, [redacted] was the subject of a separate pending investigation at the time and it was felt that [redacted] activities could be followed through this investigation until such time as he was definitely identified, at which time I intended to recommend that a case be opened on him. With reference to [redacted] source reported only [redacted]

b6
b7C
b7D

In addition, as you will recall, there were a number of individuals from out of town who were arrested during the riots at UNM in May, 1970, which forced the University to close before the scheduled end of the spring, 1970, semester.

In retrospect, I realize that, in view of the nature of [redacted] remarks, I should have recommended that a case be opened to fully identify him and to obtain all available background information so that a determination could be made regarding whether or not he represented a threat to the internal security of the country.

SAC WHALEY:
11/29/71
WTW:fd

I regret that this was overlooked and will make every effort to insure that this does not happen again. A case

has been opened for the purpose of establishing identification and potential dangerousness of [redacted]

John INSPECTOR JAMES O. NEWPHER: There is no SOG culpability
since this delinquency could
be detected only through a review of the field office file.

December 20, 1971

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

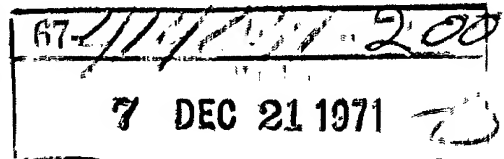
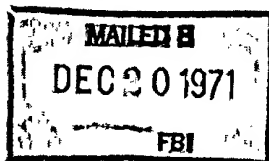
During the recent inspection of the Albuquerque Office, a security-type file was reviewed. It was determined that although you had sufficient basis for recommending a case be opened on an individual, you failed to do so. If the Bureau is to fulfill its responsibilities in this field, it is imperative that appropriate action be taken to resolve information brought to our attention. You were clearly at fault in this instance.

In the future, you will be expected to handle your assignments in such a manner that criticism of this kind will not again be necessary.

Very truly yours,

J. Edgar Hoover

John Edgar Hoover
Director



- 1 - SAC, Albuquerque (Personal Attention)
1 - Movement
1 - SOG Albuquerque Office Personnel File

JJC:psg (6)

Based on Albuquerque Inspection Personnel Write-up, 11/29/71, WTW:fd.

8 DEC 23 1971
edm
96

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson
Felt
Rosen
Mohr
Bishop
Miller, E.S.
Callahan
Casper
Conrad
Dalbey
Cleveland
Ponder
Bates
Tavel
Walters
Soyars
Tele. Room
Holmes
Gandy

January 20, 1972

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

As you have undoubtedly recalled, today is your Twenty-fifth Anniversary with the Federal Bureau of Investigation. In recognition of this occasion, I wish to present your Twenty-five-Year Service Award Key.

During your years with the FBI, I am sure you have realized that the contributions of our personnel have been tremendously important to its over-all success and the fulfilling of its responsibilities. Your sincere and conscientious devotion to duty and your personal sacrifices have played no small part in the accomplishments of the Bureau. You may be sure that your efforts have been appreciated and your share in our progress should justifiably be a source of pride to you.

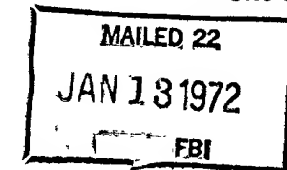
It is my hope that you will wear this Key as a symbol of your fine service in the FBI.

With best wishes and kindest regards,

Sincerely,

J. Edgar Hoover

Mr. Tolson _____
Mr. Felt _____
Mr. Rosen _____
Mr. Mohr _____
Mr. Bishop _____
Mr. Miller, E.S. _____
Mr. Callahan _____
Mr. Casper _____
Mr. Conrad _____
Mr. Dalbey _____
Mr. Cleveland _____
Mr. Ponder _____
Mr. Bates _____
Mr. Tavel _____
Mr. Walters _____
Mr. Soyars _____
Tele. Room _____
Miss Holmes _____
Miss Gandy _____



Enclosure

1 - SAC, Albuquerque (Personal Attention)

LDH:bla

(4) 67-414041

JAN 18 1972
MAIL ROOM ☐ TELETYPE UNIT ☐

20
✓
HWS
WTH
JAN 11 1972

[Handwritten signature]

PLAINTEXT

TELETYPE

NITEL

1-19-72

TO SAC, ALBUQUERQUE
PLEASE DELIVER THE FOLLOWING MESSAGE TO ADDRESSEE
ON JANUARY 20, 1972

MR. JOSEPH F. CONDON
FEDERAL BUREAU OF INVESTIGATION
ALBUQUERQUE, NEW MEXICO

SINCERE CONGRATULATIONS ON YOUR TWENTY-FIVE YEARS
OF FBI SERVICE. THROUGH YOUR UNCEASING LOYALTY AND SPLENDID
PERFORMANCE, YOU HAVE GREATLY AIDED IN HANDLING THE MANY
RESPONSIBILITIES ENTRUSTED TO THE BUREAU. PLEASE ACCEPT MY
HEARTIEST THANKS.

JOHN EDGAR HOOVER

LDH:ccb
(3)
67-414041

REC-143

7 JAN 19 1972

FEDERAL BUREAU OF INVESTIGATION
COMMUNICATIONS SECTION

JAN 19 1972

TELETYPE

Tolson _____
Felt _____
Rosen _____
Mohr _____
Bishop _____
Miller, E.S. _____
Callahan _____
Casper _____
Conrad _____
Dalbey _____
Cleveland _____
Ponder _____
Bates _____
Tavel _____
Walters _____
Soyars _____
Tele. Room _____
Holmes _____
Gandy _____

RECEIVED
DIRECTOR'S OFFICE

JAN 21 1972

MAIL ROOM ☐ TELETYPE UNIT ☐

Mr. Tolson	_____
Mr. Felt	_____
Mr. Rosen	_____
Mr. Mohr	_____
Mr. Bishop	_____
Mr. Miller, ES	_____
Mr. Callahan	_____
Mr. Casper	_____
Mr. Conrad	_____
Mr. Dalbey	_____
Mr. Cleveland	_____
Mr. Ponder	_____
Mr. Bates	_____
Mr. Walkart	_____
Mr. Walters	_____
Mr. Soyars	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

Albuquerque, New Mexico
January 26, 1972

Mr. J. Edgar Hoover
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I would like to take this opportunity to express my appreciation for your gracious teletype and letter on the occasion of my 25th Anniversary in the Bureau.

I have always considered my association with the Bureau as a high honor, and I trust that it will be my privilege to continue to serve under your leadership for many years to come.

Sincerely,

Joseph F. Condon
Joseph F. Condon

*Check [unclear] file
Super [unclear] 1/26
Hod [unclear]
dated 1/26/72 which was
his 25th anniversary*

REC-131

414041-203
Numbered
1 FEB 2 1972
44

2 FEB 4 1972
51

*As [unclear]
THREE*

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDON

Where Assigned: ALBUQUERQUE
(Division) (Section, Unit)

Official Position Title and Grade: SPECIAL AGENT, GS-13

Rating Period: from 4/1/71 to 3/31/72

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: Wesley T. Haly SAC 3/31/72
Signature Title Date

Reviewed by: W. C. Sullivan Assistant Director APR 11 1972
Signature Title Date

Rating Approved by: _____
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC 111

4/14 041-204
1 APR 17 1972 39

2 APR 20 1972
47

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

+ **RATE ITEMS AS FOLLOWS:** (See Manual of Rules and Regulations for detailed instructions.)
+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
- E 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- E 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
- + 5. Resourcefulness, ingenuity, and initiative.
- E 6. Forcefulness and aggressiveness as required.
- ✓ 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- E 8. Planning of work.
- ✓ 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- E 12. Performance results (rate if applicable and mark others 0) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
 Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

This Agent is an extremely experienced Agent in security and racial matters and works full-time in this important field. He has demonstrated on numerous occasions his ability to handle complicated matters with the barest minimum of supervision. I would not hesitate to utilize him on any dangerous assignment.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ NoneA. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ NoB. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No

If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

EXCELLENT

ADJECTIVE RATING:

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

EMPLOYEE'S INITIALS

JF

(Checklist and Narrative Comments continued)

E 13. Firearms.

E 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.

During rating period developed _____ informants; 3 potential informants.

SA CONDON currently is handling 1 SI, 3 PSI's, 1 Extremist Ghetto Informant and has an additional Extremist Ghetto Informant under development. I feel his participation is excellent.

E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Reports; E B. Memos, letters, wires.

E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

O 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

E A. Leadership

E B. Ability to handle personnel

E C. Making decisions

E D. Assignment of work

E E. Training subordinates

E F. Devising procedures

E G. Promoting high morale

E H. Getting results

E I. Furthering equal employment opportunity

E 18. Raids and dangerous assignments; E A. As leader; E B. As participant.

E 19. Miscellaneous. Specify and rate:

E Dictation; E Applicant recruitment; _____ Other _____

O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

NA 21. Foreign Language Ability: Proficient in _____ language(s).

Can handle typical investigative problems as follows:

A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____.

Anticipated use during ensuing year _____.

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.

23. Number of Incentive Awards 0.

Commendations received from Director: Individual _____ Through Superior _____.

Suggestions submitted _____.

If none, check block ☒.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☐ None
(List items taken into consideration on Checklist.)

On 12/20/71, SA CONDON was censured by the Director because, although he had sufficient basis for recommending a case be opened on an individual, he failed to do so. Items 7 and 9 were downgraded on the Checklist because of this delinquency.

EMPLOYEE'S INITIALS DC

REPORT OF MEDICAL EXAMINATION

1. LAST NAME-FIRST NAME-MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072 12 9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, NM 87112			5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY		6. DATE OF EXAMINATION 10/19/72	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 25		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, NY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> wife, same as #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Occupational Health, KAFB, NM				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNO- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS-GENERAL (Int & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-137

ENCLOSURE

7-414041-205

NOV 10 1972

THREE

#40. Moderate acne rosacea of face.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)															
<div style="display: flex; justify-content: space-around;"><div>Restorable teeth 1 2 3 32 31 30</div><div>Non-restorable teeth 1 2 3 32 31 30</div><div>Missing teeth 1 2 3 32 31 30</div><div>Replaced by dentures 1 2 3 32 31 30</div><div>Fixed Partial dentures 1 2 3 32 31 30</div></div> <div style="display: flex; justify-content: space-between;"><div>R I G H T</div><div>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</div><div>L E F</div></div>															

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type III Exam
Class I
Qualified

LABORATORY FINDINGS

45. URINALYSIS. A. SPECIFIC GRAVITY 1.018		46. CHEST X-RAY (Place, date, film number and result) A4447-Heart normal. Calcification in the aortic arch. Lung fields are clear. There is also a mild thoracic scoliosis. No evidence of active disease.	
B. ALBUMIN Negative	C. SUGAR Negative	D. MICROSCOPIC Mod. Mucous	47. SEROLOGY (Specify test used and result) RPR-Non-reactive
48. EKG Normal		49. BLOOD TYPE AND RH FACTOR	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68	52. WEIGHT 134	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE --
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 130 DIA. 80	B. RECUMBENT SYS. 138 DIA. 90	C. STANDING (3 min.) SYS. 128 DIA. 82	A. SITTING 80	B. AFTER EXERCISE 100	C. 2 MIN. AFTER 88
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ 50 CORR. TO 20/25			20/200 CORR. TO 20/40		
LEFT 20/ 200 CORR. TO 20/20			20/100 CORR. TO 20/40		

62. METEOROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passes A-F
RIGHT LEFT		UTA-ND	CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
---------------------	--	-------------------	-------------------------

70. HEARING	71. AUDIOMETER	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15	250 500 1000 2000 3000 4000 6000 8000	
LEFT WV /15 SV /15	RIGHT / 5 10 20 60 60 60 /	
	LEFT / 10 10 30 65 50 45 /	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS--FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE
	P U L H E S

77. EXAMINEE (Check)	B. PHYSICAL CATEGORY
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR: duty as a special agent.	
B. <input type="checkbox"/> IS NOT QUALIFIED FOR	

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A B C E

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
M. D., SGPO	

80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE	NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) *Last First Middle*

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all employees over 35 years of age; (3) any other where examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents and Special Agent Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

67-414041-205

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

 Signature of Medical Examiner

19 October 1972
 Date

b6
 b7C

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Date

12/11/72

I certify that I have ☒ received ☒ returned the following Government property for official use:

SPECIAL AGENT CREDENTIAL CARD WITH CASE # 3557
COLOR OFF OF DIR

RETURNED

OLD SPECIAL AGENT CREDENTIAL CARD WITH CASE # 3557

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed.

DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

RECORDED

9 JAN 4 1973

FILE

31 X m

Very truly yours,

(Signature)

Joseph F. Condon

(Typed name)

JOSEPH F. CONDON

42

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI.

DATE: 11/6/72

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☐ ReBulet _____☐ Re physical examination _____☐ Dental work was completed on _____☒ Vision has been corrected to 20/20 Employee specifically instructed11/6/72 by SAC WESLEY T. WHALEY
(date) (name of person giving instruction)

that he can operate a Bureau car

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.☐ Enclosed are ☐ paid ☐ unpaid medical bills.☐ Attached are Bureau of Employees' Compensation forms _____☒ Physical examination reports are enclosed.☐ Employee is scheduled for physical examination on _____☒ Physical examination report has been reviewed and initialed.☐ Employee returned to active duty _____☐ Employee's physical condition is _____☐ UACB he is being removed from limited duty.☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

1 - Bureau (Enc. ² (RM)
1 - Albuquerque
/fd
(2)

ENCLOSURE
HANDLED SEPARATELY

67-NOT RECORDED-9

8 NOV 15 1972

69

THREE
103

STANDARD FORM NO. 2803
MARCH 1970
FPM SUPPLEMENT 831-1
2803-106

APPLICATION TO MAKE DEPOSIT OR REDEPOSIT

CIVIL SERVICE RETIREMENT SYSTEM

TO AVOID DELAY IN PROCESSING: 1. Read carefully the information attached; 2. Typewrite or print in ink; 3. Complete Part A in full and have your employing agency complete Part B. If not Federally employed Part B need not be completed.

A. TO BE COMPLETED BY THE APPLICANT

1. NAME MR. <input checked="" type="checkbox"/> - MRS. MISS (Last) (First) (Middle) Condon Joseph Francis	2. LIST ALL OTHER NAMES YOU HAVE USED None	3. BIRTHDATE (Month, day, year) March 16, 1920
4. ADDRESS (Number and street) 1309 Kirby N. E. (City, State, and ZIP Code) Albuquerque, New Mexico 87112	5. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU, BRANCH, OR DIVISION U. S. Department of Justice Federal Bureau of Investigation	6. SOCIAL SECURITY ACCOUNT NO. 072-1219337
	7. LOCATION OF EMPLOYMENT (City and State) Albuquerque, New Mexico	8. TITLE OF LAST POSITION Special Agent

LIST BELOW IN CHRONOLOGICAL ORDER: (A) ALL "DEPOSIT" PERIODS OF SERVICE FROM AUGUST 1, 1920, DURING WHICH NO CIVIL SERVICE RETIREMENT DEDUCTIONS WERE WITHHELD FROM YOUR SALARY; AND (B) ALL "REDEPOSIT" SERVICE DURING WHICH RETIREMENT DEDUCTIONS WERE WITHHELD AND LATER REFUNDED TO YOU.

DEPARTMENT OR AGENCY, INCLUDING BUREAU, BRANCH, OR DIVISION WHERE EMPLOYED	LOCATION OF EMPLOYMENT (City and State)	TITLE OF POSITION	PERIODS OF SERVICE		CHECK WHETHER DEDUCTIONS WERE NOT WITHHELD OR WERE WITHHELD AND REFUNDED	
			BEGINNING DATE	ENDING DATE	NOT WITHHELD	WITHHELD AND REFUNDED
U. S. Air Force	Andrews Air Force Base Washington, D. C.	Supply Clerk	1/21/46	11/8/46		X

10. IF BOTH DEPOSIT AND REDEPOSIT PERIODS ARE LISTED ABOVE, CHECK ONE OF THE BOXES BELOW:

- ☐ I WISH TO PAY THE TOTAL AMOUNT OF THE DEPOSIT AND REDEPOSIT.
☐ I WISH TO PAY THE REDEPOSIT ONLY.

11. ARE DEDUCTIONS FOR CIVIL SERVICE RETIREMENT NOW BEING WITHHELD FROM YOUR SALARY?

☒ YES ☐ NO

12. IF YOUR ANSWER IS "NO" GIVE THE DATE OF SEPARATION FROM YOUR LAST POSITION UNDER THE CIVIL SERVICE RETIREMENT ACT.

DATE OF SEPARATION

I hereby certify that all statements in this application are true to the best of my knowledge and belief and that I intend to make full payment of installment payments of the amount due.

December 18, 1972
(DATE)

Joseph J. Condon
(SIGNATURE OF APPLICANT)

67-107-10000-1
NOT RECORDED
JAN 9 1973

CS 1-8-73
Orig. sent to: CS 1-8-73
26
1261
1261

B. TO BE COMPLETED BY THE EMPLOYING AGENCY

INSTRUCTIONS TO THE AGENT.—This application is not to be used as a means of verifying service for leave, retention, or other non-retirement purposes. The procedures for verifying service for non-retirement purposes or to establish creditability of service are contained in the Federal Personnel Manual.

The applicant should be informed that he must be prepared to pay the amount of the deposit or redeposit (or both) either in a lump sum or installments.

SCHEDULE 1.—From the Individual Retirement Record (SF 2806) enter in this schedule the period(s) of service for which retirement deductions remain to the employee's credit. Include any service since August 1, 1920, in other branches of your agency or in other agencies if such service is of record on SF 2806 in your possession. If it is more convenient than completing this schedule, a photo copy of the SF 2806 may be attached.

[illegible]

SCHEDULE 2.—List in this schedule all service since August 1, 1920 (beginning with first period of service shown by the applicant in Item 5 of Part A) for which deductions were not withheld and for which an official record is in the agency. An official record includes SF 2806, official personnel folder, pay card, or any other official document which shows that the individual was employed. Note under "Remarks" any periods of leave without pay, the time actually worked if the employee was paid on a when-actually-employed or part-time basis, or any other similar information which would affect the amount of deductions owed to the retirement fund. Any non-deduction service which cannot be verified from official records should be listed and noted in the "Remarks" column as "Unverified."

[illegible]

CERTIFICATION.—The entries in schedules 1 and 2 are based on official records of this agency and are correct. There is no official personnel or fiscal record in this agency of the additional service (if any) alleged by the employee and marked "Unverified" in Schedule 2.

Authorized Certifying Officer 1-4-73
(OFFICIAL TITLE) (DATE)

-b6
b7C

12/22

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 2/23/73

FROM : T. J. Feeney

SUBJECT: SA JOSEPH F. CONDON
Albuquerque Office
EOD 1/20/47; GS 13, \$25,613
Age 52; Married (4 children); Veteran
PERSONNEL MATTER

Mr. Felt _____
Mr. Baker _____
Mr. Callahan _____
Mr. Cleveland _____
Mr. Conrad _____
Mr. Gebhardt _____
Mr. Jenkins _____
Mr. Marshall _____
Mr. Miller, E.S. _____
Mr. Purvis _____
Mr. Soyars _____
Mr. Walters _____
Tele. Room _____
Mr. Kinley _____
Mr. Armstrong _____
Mr. Bowers _____
Mr. Herington _____
Ms. Herwig _____
Mr. Mintz _____
Mrs. Neenan _____

b6
b7C
b7D

[redacted]
[redacted] has confidentially furnished [redacted]
[redacted] advises
[redacted] has an alcohol problem
[redacted]
[redacted] a consultant with the
National Institute on Alcohol Abuse and Alcoholism [redacted] of the
rehabilitation program for alcoholics being undertaken in the USDJ [redacted]
[redacted]

ENCLOSURE

REC-150 67-114041-206

In connection with the above-mentioned rehabilitation program it is noted by Public Law 91-616, approved 12/31/70, CSC shall be responsible for developing and maintaining in cooperation with other Federal agencies and departments appropriate prevention, treatment, and rehabilitation programs for alcohol abuse among civilian employees and various Federal agencies are to set up their own programs to deal with this problem. This Public Law specifically exempts the FBI from the provision of Title II, Section 201(c)(1) which states that "no person may be denied or deprived Federal civilian employment ... solely on the ground of prior alcohol abuse or prior alcoholism. The Office of Legal Counsel (OLC) of the USDJ and our own OLC have reviewed this law and are in agreement that although we are exempted from the above provision, since the statute does not specifically provide for disposition of cases where an FBI employee is currently affected by alcoholism it appears that we are bound to implement a rehabilitation program.

FW:amh 1 (6) 1974 Enc.
1 - Mr. Walsh
1 - Mr. Rolander
1 - Mr. Mintz
1 - Mr. Herington
76

3-02 OVER

b6
b7C
b7D

Memo Feeney to Callahan
Re: SA Joseph F. Condon; Personnel Matter

In the case in point SAC Whaley, Albuquerque Office, and former ASAC Forrest S. Putman, Jr. (now assigned FBIHQ), have been contacted to determine if they have any knowledge or evidence that would support [redacted] contention that [redacted]

[redacted] Putman advised that a few weeks ago

[redacted] advised that [redacted]

Putman reported this to the SAC and thereafter both closely observed the activity of SA Condon to determine if there was any substance to [redacted] allegation. Neither were able to observe any evidence of drinking on the job, excessive drinking, work deterioration, or any unusual annual or sick leave pattern which would lend credence to [redacted] contention. SAC noted, however, that in late January and early February, 1973, SA Condon was on sick leave for several days in a row. SAC called him in and inquired as to the reason of the illness and if he had any problem since he did not look well. Condon indicated his only problem was that he had the flu and SAC did not pursue the matter since many individuals had the flu at that time. A check of time and attendance records at FBIHQ fails to reveal any unusual patterns which might surface a drinking problem and, in fact, SA Condon was on sick leave only 6 days and 2 hours during the entire 1972 calendar year. His performance ratings have been consistently Excellent and SAC comments that he is an "old pro" who knows and does his work well. SAC states that Condon has been in attendance at social functions involving other office personnel and no incidents have arisen which would indicate he drank to excess. His last physical exam was 10/19/72; no pertinent problems were noted, and he was certified for full duty.

b6
b7C
Since there are no incidents of misconduct involved in this situation, it is believed that, if an alcoholism problem does exist, we should treat it solely as an illness under the provisions of PL 91-616 and not as a disciplinary matter. We should offer all assistance possible. Basically, we propose to have SA Condon confronted by his SAC and asked specifically whether or not he has a drinking problem. SAC will advise that we wish to help him overcome such an illness, if it exists, and that he should seek medical treatment until such time that we can be assured that no problem exists and he is fully capable of performing all his duties. If he does not voluntarily seek help he will be instructed that he must undergo a complete fitness for duty physical exam at this time to determine if a problem does exist. If the problem is there he will be placed on sick leave until such time as he receives certification from a U. S. Government Medical facility that he is fit for duty both physically and mentally.

It is noted that in 7/71 [redacted]

[redacted] On 7/6/71 SA [redacted]

[redacted] After being hospitalized it was determined that SA [redacted] was suffering from [redacted]

[redacted] He was placed on sick leave, under a doctor's care, and it was

Memo Feeney to Callahan
Re: SA Joseph F. Condon; Personnel Matter

b6
b7C

The [] case is evidence that rehabilitation in such cases is possible and it is believed that if SA Condon has an alcohol problem that this matter should be treated as an illness rather than a disciplinary problem and that he should be afforded every opportunity to rehabilitate himself under the provisions of the current law. This would require a doctor's care, "drying out" process, and certification by a U.S. Government facility that he is fit for duty prior to his return to work. Under the law we are required only to give him this one chance and if an employee is found to be afflicted with alcoholism, recovers, returns to duty and again is determined to be drinking to excess, we may then proceed to terminate his employment either through disability retirement or disciplinary measures as the case may warrant.

RECOMMENDATIONS:

That we proceed in this matter as set forth above. Care will be taken to insure that [] is not revealed as the source of our information that SA Condon has an alcoholism problem.

b6
b7C
b7D

AW
SPENHALLER
SO INSTRUCTED
FW
3/1/73.

AW

AW

OK
7

PERMANENT BRIEF ATTACHED.

F B I

Date: 3/2/73

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

Mr. Felt	_____
Mr. Baker	_____
Mr. Callahan	_____
Mr. Cleveland	_____
Mr. Conrad	_____
Mr. Gebhardt	_____
Mr. Jenkins	_____
Mr. Marshall	_____
Mr. Miller, E.S.	_____
Mr. Soyars	_____
Mr. Thompson	_____
Mr. Walters	_____
Tele. Room	_____
Mr. Kinley	_____
Mr. Armstrong	_____
Mr. Bowers	_____
Mr. Herlihy	_____
Mr. Herwig	_____
Mr. Mintz	_____
Mr. Neenan	_____

TO: ACTING DIRECTOR, FBI

ATTN: MR. ~~FEENEY~~

ADMINISTRATIVE DIVISION

FROM: SAC, ALBUQUERQUE (67-2177)

SA JOSEPH F. CONDON
ALBUQUERQUE DIVISION

Pursuant to Bucalls 2/28/73, I discussed this matter with SA CONDON today.

I advised him that the Bureau had received confidential information from the Department that he had a serious drinking problem and that the Bureau wanted to do everything possible to assist him in correcting the situation.

CONDON appeared to be upset that such an allegation had been made and stated that although he had a drink from time to time he did not believe he had a serious problem. As a matter of fact he stated that when he was on sick leave last month that he couldn't even look or smell alcohol without getting sick.

I told CONDON that maybe he didn't feel that he had a problem but because of the strong allegation the Bureau recommended, and I wholeheartedly agreed that he contact his local physician, explain that there was a possibility of his having such a problem and to obtain a complete and thorough examination.

CONDON stated that he appreciated the SAC's position and especially appreciated the Bureau's willingness to help. He readily agreed to take the examination, stating that this would be done during the week of 3/5/73.

I will follow with CONDON's physician and keep the Bureau advised.

2 - Bureau, (RAM)

1 - Albuquerque

WTW:fd

(3)

Approved: _____
Special Agent in Charge

Sent _____ M Per _____

U.S. Government Printing Office: 1972 - 455-574

UNITED STATES GOVERNMENT

Memorandum

TO : ACTING DIRECTOR, FBI
ATTN: VOUCHER STATISTICAL SECTION

DATE: 3/9/73

FROM : SAC, ALBUQUERQUE (67-2177)

SUBJECT: JOSEPH F. CONDON 072-12-9337
SPECIAL AGENT
ALBUQUERQUE OFFICE

There are enclosed for the Bureau one xerox copy each of executed BRI forms 47-135 and 49-112A showing the redeposit of \$229.00 by captioned Agent in the Civil Service Retirement Fund covering the period 1/21/46 to 11/8/46 when he was employed in a civilian capacity by the U. S. Air Force.

It is requested that SA CONDON's retirement record be adjusted to include the above Government service.

2 - Bureau (Enc.-2) (RM)
1 - Albuquerque
JFC:fd
(3)

ENCLOSURE

12/2
pw

3
JFC



NOT RECORDED

9 MAR 15 1973

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
 WASHINGTON, D. C. 20415
 2-10-73

JOSEPH F CONDON
1309 KIRBY NE
ALBUQUERQUE NM 87112

031620 CSD 657 211

RCO GV BAR	
TOTAL AMOUNT DUE	
\$229.00	
IF ABOVE TOTAL INCLUDES BOTH A DEPOSIT AND REDEPOSIT, THE AMOUNT DUE FOR EACH IS:	
REDEPOSIT	\$229.00
DEPOSIT	\$
PERIODS OF SERVICE COVERED	
FROM	TO
*1-21-46	11-8-46
PERIODS MARKED WITH AN ASTERISK (*) ARE REDEPOSIT PERIODS. THOSE NOT SO MARKED ARE DEPOSIT PERIODS.	

This bill shows the amount(s) due for the above period(s) of your service which is not covered by retirement deductions. The dates shown above, even though they may not agree exactly with the dates you claim, are based on official records certified to us by the agency having custody of the records. Explanation of deposit and redeposit due is given on the reverse side of this form.

This is not intended as a report of all of your service. Information concerning any service not shown may be obtained from your current employing agency.

Further interest charges may be avoided by paying the full amount now. However, if you cannot pay the full amount, you may make installment payments in the amount of \$25.00 or more at your convenience. After this bill has been paid in full, your claim will be reviewed, and if any additional interest is due, you will be notified. It will not be necessary for you to request a new statement. Additional interest will not be computed until the original bill is paid.

Payments should be made by check, money order, or draft, payable to the U. S. Civil Service Commission and sent to the Fiscal Division, Bureau of Retirement, Insurance, and Occupational Health, U. S. Civil Service Commission, Washington, D. C. 20415. Cash payments may be made in person at the Collection Section of the Fiscal Division. The enclosed Form BRI 49-112A should be presented with your payment, whether made by mail or in person. The form will be returned to you as your official receipt and will also show the balance due, if any.

ENCLOSURE

Refund and Deposit Section
 Claims Division

Enclosure
 Part 3 — To Applicant

— Please see other side —

3/1/73

EXPLANATION OF DEPOSIT AND REDEPOSIT

REDEPOSIT is the amount due to cover service during which retirement deductions were taken from your salary but later refunded to you. You will not receive credit for this service and your retirement annuity as well as any annuity due your widow (or widower) will be sharply reduced unless the redeposit is paid.

DEPOSIT is the amount due to cover service during which no retirement deductions were taken from your salary. You will receive credit for this service but, unless the deposit is paid in full, your annuity will be reduced by 10% of the amount of the deposit due at retirement. Any annuity due your widow (or widower) will be proportionately reduced if the deposit is not paid.

Interest will continue to be added to the amount due as deposit and redeposit as long as they remain unpaid.

IMPORTANT NOTICE

We have been informed by the Internal Revenue Service that interest paid on deposits and redeposits under the Civil Service Retirement System may not be deducted for Federal income tax purposes as interest paid on indebtedness. The interest included in such payments is credited to the individual's retirement account.

FEB-27-73

057211 30310 5

LAWSON

TRANSACTION VALIDATION

WHEN VALIDATED THIS IS YOUR RECEIPT

1. ENTER YOUR CLAIM NUMBER

CSD- 657 211

2. ENTER AMOUNT OF
THIS PAYMENT

\$ 229.00

3. PRINT OR TYPE YOUR NAME AND ADDRESS, INCLUDING ZIP CODE, BELOW:

JOSEPH F. CONDON

1309 KIRBY N.E.

ALBUQUERQUE, N.M. 87112

SERVICE
CREDIT

PLEASE DO NOT DETACH OR WRITE BELOW THIS LINE—SEE OTHER SIDE FOR INSTRUCTIONS AND INFORMATION

STATEMENT OF ACCOUNT

RECEIPT NO.	DATE OF RECEIPT	AMOUNT OF DEPOSIT	TOTAL DEPOSITS MADE TO DATE	YOUR CLAIM NO.	BALANCE DUE*
77	FEB2773	229.00	229.00	657.211	.00

*IF BALANCE DUE IS ZERO, SEE ITEM CHECKED BELOW:

☐ YOU WILL BE BILLED FOR ADDITIONAL INTEREST.☒ PAYMENT COMPLETED. NO ADDITIONAL INTEREST DUE.

Please check the statement of account with your records. If your records differ, write promptly to the Fiscal Division, Bureau of Retirement, Insurance, and Occupational Health, United States Civil Service Commission, giving full information on the difference. If we have not completed the statement of account, it is because your account is temporarily out of file as a part of a routine periodic review of all accounts.

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH
WASHINGTON, D.C. 20415

BRI 49-112A
July 1970

ENCLOSURE

3/11/73

INSTRUCTIONS

1. Please fill in blocks 1, 2, and 3 on the reverse side of this form and mail it to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Fiscal Division, Washington, D.C. 20415, with your payment. Be sure to give your claim number.

2. Installment payments must be at least \$25. Make check, money order, or draft payable to U.S. Civil Service Commission. Checks are accepted subject to collection. Do not send cash through the mails. Cash payments may be made in person at the Fiscal Division.

INFORMATION

1. This form will be returned to you after your payment has been credited to your account. It then becomes your official receipt and should be retained for your personal record.

2. Payment may be made in a lump sum or in installments. After payment of the original bill has been completed, your claim will be reviewed and, if any additional interest is due, you will be notified. Prompt payment will reduce or eliminate any additional interest charges.

3. Until full payment is received, we will enclose a blank form with each receipt mailed. You should use the blank form when making your next payment.

4. Inquiries attached to deposit slips are usually answered by separate letters.

FISCAL DIVISION.

F B I

Date: 3/22/73

Transmit the following in _____
(Type in plaintext or code)

Via AIRTEL

(Priority)

TO: ACTING DIRECTOR, FBI ATTN: MR. FEENEY, ADMINISTRATIVE DIVISION

FROM: SAC ALBUQUERQUE (67-2177)

SA JOSEPH F. CONDON
ALBUQUERQUE DIVISIONb6
b7c

Remyairtel 3/2/73.

SA CONDON was thoroughly examined by [redacted] on 3/9/73. I discussed the examination with SA CONDON 3/21/73, and he stated that the examination was successful, but that the doctor had told him that there was a small problem with his liver. SA CONDON authorized me to discuss this matter with the doctor.

I discussed the examination with [redacted] on 3/21/73, and he was most appreciative of the SAC's call. He stated there was no question that SA CONDON had been drinking heavily but fortunately all of the tests came out normal with the exception of his liver. The test on the liver showed some damage and he pointed this out to SA CONDON. Although CONDON denied that he drank to excess, he did agree with the doctor's instructions that he completely discontinue drinking any alcoholic beverages. This includes beer. He was told by the doctor that if he didn't do this something drastic could happen at any time. The doctor stated he doesn't believe SA CONDON needs any AA treatment if he is truthful in saying he will stay off drinking.

SA CONDON is scheduled to be re-examined by [redacted] in three months to see if there has been an improvement of his liver condition.

Since my return to the office from a week's annual leave, I have noted a definite improvement in SA CONDON's appearance, and feel that he is being truthful in saying that he has given up drinking entirely.

The Bureau will be ~~not~~ advised of the results of his next examination in three months.

2 - Bureau (RAM)
1 - Albuquerque

WTW:fd
(3)

REC-150

ASAC O'Brien
tel inst. to
submit follow
up 3/27/73
8/11/73

-3- DR.

Approved: APR 4 1973
Special Agent in Charge

Sent _____ M Per _____

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from 4/1/72 to 3/31/73ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsRated by: Wesley T. Mahoney SAC 4/2/73
Signature Title DateReviewed by: [Signature] Title DateRating Approved by: [Signature] Assistant Director APR 16 1973
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-151

7-4714041-209
Numbered
7 APR 17 1973 71

4 APR 18 1973

37

THREE

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS
(For use as attachment to Performance Rating Form FD-185)

Name of Employee SA JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

- + Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)
E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)
✓ Satisfactory
- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.
o No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
E 2. Personality and effectiveness of his personal contacts.
+ 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
✓ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☐ Yes ☒ No. If answer to either is yes, explain.
+ 5. Resourcefulness, ingenuity, and initiative.
E 6. Forcefulness and aggressiveness as required.
E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E 8. Planning of work.
E 9. Accuracy and attention to pertinent detail.
+ 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
+ 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
E 12. Performance results (rate if applicable and mark others O) E A. Internal Security; E B. Criminal or General Investigative; E C. Fugitive; E D. Applicant; o E. Accounting; o F. Other, such as Supervisor. Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA CONDON is one of the most experienced security Agents in this Division. He works full-time on these important cases and handles all these matters promptly, thoroughly, and in an accurate manner.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicated

Degree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
 B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
 C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.):

SECURITY

ADJECTIVE RATING:

EXCELLENT

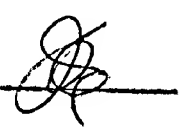
EMPLOYEE'S INITIALS JC

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- E 13. Firearms. Check One: X Qualified _____ Qualified Instructor _____ Expert _____
- E 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed _____ informants; _____ potential informants.
SA CONDON currently is handling 1 SI, 1 PSI, 1 Extremist Ghetto and has one Extremist Ghetto under Development. His participation is considered Very Good.
- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)
E A. Reports; E B. Memos, letters, wires.
- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.
- O 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)
____ A. Leadership
____ B. Ability to handle personnel
____ C. Making decisions
____ D. Assignment of work
____ E. Training subordinates
____ F. Devising procedures
____ G. Promoting high morale
____ H. Getting results
____ I. Furthering equal employment opportunity
- E 18. Raids and dangerous assignments: E A. As leader; E B. As participant.
- E 19. Miscellaneous. Specify and rate:
E Dictation; E Applicant recruitment; _____ Other _____
- O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited
- NA 21. Foreign Language Ability: Proficient in _____ language(s).
Can handle typical investigative problems as follows:
A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory
Frequency _____ language ability used during rating period _____
Anticipated use during ensuing year _____
C. Completed Bureau Language School ☐ No ☐ Yes _____ Specify language(s) _____
22. Administrative Advancement: ☒ (Check block if not interested.)
A. ☐ Yes ☐ No Agent is completely available for administrative advancement.
B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.
C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.
23. Number of Incentive Awards 0.
Commendations received from Director: Individual 0 Through Superior 1.
Suggestions submitted 0.
If none, check block ☐.
24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS



FBI

Date: 8/8/73

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI

ATTN: MR. FRENEY, ADMINISTRATIVE
DIVISION

FROM: SAC, ALBUQUERQUE (67-2177)

SA JOSEPH F. CONDON
ALBUQUERQUE DIVISION

Remyairtel 3/22/73.

I contacted [redacted] 8/6/73, and was advised by the Doctor that he had recently seen SA CONDON and was told by CONDON that he did now take a few drinks from time to time. However, he was not drinking heavily and stated that he had had no ill effects from same. [redacted] stated that he was disappointed but since this did not appear to be effecting SA CONDON there would be no reason for him to give him another examination.

b6
b7C

I have discussed SA CONDON's work with his supervisor and learned that there has been no reduction in the amount of work that he performs and that the quality of his work has not decreased. In other words, he still continues to do an excellent job and his productivity is very high.

I discussed this matter with SA CONDON today and he advised me that he now takes a social drink but since his last examination by [redacted] he feels he has only had about 10-12 drinks. He stated he feels fine and has no intention of ever becoming a heavy drinker again. He assured the SAC that he felt good and that he was able to do his job.

In the event there is any decrease in SA CONDON's productivity or the quality of his work starts to decrease the Bureau will be immediately advised.

2 - Bureau (RAM)
1 - Albuquerque
WTW:fd
(3)

ICC del by
PAU 8/14/73
[initials]

[signature]

Approved: [signature]
Special Agent in Charge

Sent _____ M Per _____

EMPLOYMENT AGREEMENT

As consideration for employment in the Federal Bureau of Investigation (FBI), United States Department of Justice, and as a condition for continued employment, I hereby declare that I intend to be governed by and I will comply with the following provisions:

(1) That I am hereby advised and I understand that Federal law such as Title 18, United States Code, Sections 793, 794, and 798; Order of the President of the United States (Executive Order 11652); and regulations issued by the Attorney General of the United States (28 Code of Federal Regulations, Sections 16.21 through 16.26) prohibit loss, misuse, or unauthorized disclosure or production of national security information, other classified information and other nonclassified information in the files of the FBI;

(2) I understand that unauthorized disclosure of information in the files of the FBI or information I may acquire as an employee of the FBI could result in impairment of national security, place human life in jeopardy, or result in the denial of due process to a person or persons who are subjects of an FBI investigation, or prevent the FBI from effectively discharging its responsibilities. I understand the need for this secrecy agreement; therefore, as consideration for employment I agree that I will never divulge, publish, or reveal either by word or conduct, or by other means disclose to any unauthorized recipient without official written authorization by the Director of the FBI or his delegate, any information from the investigatory files of the FBI or any information relating to material contained in the files, or disclose any information or produce any material acquired as a part of the performance of my official duties or because of my official status. The burden is on me to determine, prior to disclosure, whether information may be disclosed and in this regard I agree to request approval of the Director of the FBI in each such instance by presenting the full text of my proposed disclosure in writing to the Director of the FBI at least thirty (30) days prior to disclosure. I understand that this agreement is not intended to apply to information which has been placed in the public domain or to prevent me from writing or speaking about the FBI but it is intended to prevent disclosure of information where disclosure would be contrary to law, regulation or public policy. I agree the Director of the FBI is in a better position than I to make that determination;

(3) I agree that all information acquired by me in connection with my official duties with the FBI and all official material to which I have access remains the property of the United States of America, and I will surrender upon demand by the Director of the FBI or his delegate, or upon separation from the FBI, any material relating to such information or property in my possession;

(4) That I understand unauthorized disclosure may be a violation of Federal law and prosecuted as a criminal offense and in addition to this agreement may be enforced by means of an injunction or other civil remedy.

I accept the above provisions as conditions for my employment and continued employment in the FBI. I agree to comply with these provisions both during my employment in the FBI and following termination of such employment.

F. Condon
(Signature)

NOTED (Witnessed and) accepted in behalf of the Director, FBI, on

4 SEP 27/1973

, 19 73

, by

Wesley T. Whaley
(Signature)

3/CAB

REPORT OF MEDICAL EXAMINATION

1. LAST NAME--FIRST NAME--MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072-12-9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, New Mexico 87112			5. PURPOSE OF EXAMINATION FITNESS=FOR=DUTY		6. DATE OF EXAMINATION 10/26/73	
7. SEX DM	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 26		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, NY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN wife, same as #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Occupational Health, KAFB, NM				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS--GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES--GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
	26. PUPILS (Equality and reaction)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas, Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL		

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#25. Immature cataract OD.
#26. Pupils constricted 2-3mm.

REC-136

5 JAN 11 1974

ENCLOSURE

#40. New scar - face

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
R I G H T 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32																	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.020		46. CHEST X-RAY (Place, date, film number and result) D-2120, 26 Oct 73 (See Item 73)	
B. ALBUMIN Negative		D. MICROSCOPIC	
C. SUGAR Negative		TB Tine - Negative	
47. SEROLOGY (Specify test used and result) RPR-Non-reactive		48. EKG WNL	49. BLOOD TYPE AND RH FACTOR B Positive
50. OTHER TESTS WBC: 7,500, HCT-42.2 Neutro: 49, Lymph: 45, Eosino- phils 4M			

MEASUREMENTS AND OTHER FINDINGS																							
51. HEIGHT 69"		52. WEIGHT 137		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE												
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																	
A. SITTING		SYS. 120		D. RECUMBENT		SYS. 118		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.							
		DIAS. 84				DIAS. 78		80		124		98				94							
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION											
RIGHT 20/		200		CORR. TO 20/		100		BY		S.		CX		20/70		CORR. TO 20/70 BY							
LEFT 20/		70		CORR. TO 20/		20		BY		S.		CX		20/70		CORR. TO 20/25 BY							
62. HETEROPHORIA (Specify distance)																							
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD									
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED					
RIGHT LEFT																		CORRECTED					
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION					
70. HEARING						71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV		/15 SV		/15				250 Hz		500 Hz		1000 Hz		2000 Hz		3000 Hz		4000 Hz		6000 Hz		8000 Hz	
LEFT WV		/15 SV		/15		RIGHT		5		10		35		50		65		50					
						LEFT		5		10		30		55		45		55					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#26. Pilocarpine used for glaucoma.

#46. Chest X-Ray: D-2120, 26 Oct 1973: Heart normal, calcification in the aortic arch. Lung fields clear. Mild thoracic scoliosis. No evidence of active disease.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR Special Agent.
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

CAPT, USAF, MC.

80. TYPED OR PRINTED NAME OF PHYSICIAN

FMO

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

67-114041-211

ENCLOSURE

DESIRABLE WEIGHT RANGES

MALES				REC'D-ADMIN DIV. FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

001104

b6
b7c

Signature of Medical Examiner
 Flight Medical Officer

26 October 1973
 Date

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/7/74

FROM : SAC, ALBUQUERQUE (67-

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
FITNESS-FOR-DUTY PHYSICAL

☐ Remylet _____
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
1/7/74 by SAC WESLEY T. WHALEY that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

67-NOT RECORDED-3

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

Re Item 59. SA CONDON has an appointment with his eye doctor on 1/17/74.

1 - Bureau (Enc. 5) (RM)
1 - Albuquerque
/fd
(2)

ENCLOSURE
HANDLED SEPARATELY

Will follow
clm
1-15-74
FWP-1-25-74/clm

Bulet to SAC
Re: Near Loss
clm dent
1-15-74

THREE
clm

10 JAN 16 1974

SAC, ALBUQUERQUE

1-15-74

PERSONAL ATTENTION

Director, FBI

JOSEPH F. CONDON
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

- ☐ ReBulet _____
- ☐ Reurlet _____
- ☒ Re Physical Examination 10-26-73
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____

☒ The Bureau notes referenced physical examination shows additional hearing loss for captioned Agent. Insure that he wears ear protectors while on the firearms range and have him execute a "To Whom it May Concern" signed statement setting forth the fact he wears such ear devices, and forward to the Bureau. Also, submit results of dental examination.

clm
 (2)

10 JAN 16 1974

ATTENTION PERSONNEL SECTION

MAIL ROOM ☐ TELETYPE UNIT ☐

MAILED 20

JAN 15 1974

FBI

NOT RECORDED

UNITED STATES GOVERNMENT

Memorandum

[Handwritten signature]

TO : Director, FBI

DATE: 1/23/74

FROM : SAC, *WR* ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☒ ReBulet 1/15/74

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

To Whom It May Concern Statement executed by SA CONDON attached hereto. Dental examination scheduled and results will be furnished the Bureau as soon as received from the examining facility.

1 - Bureau (Enc. - *with folder*)
1 - Albuquerque (RM)
/fd
(2)

67-1107 RECORDED
2 JAN 29 1974

*See file of Condon
Jackson 14 Nov 74
State he was sent*

*No further
abt 1-28-74
JL*

THREE



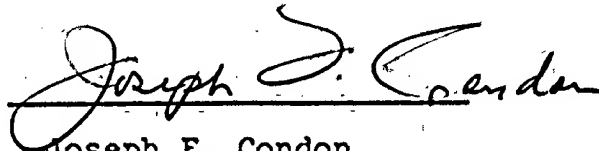
UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Albuquerque, New Mexico
January 21, 1974

*In Reply, Please Refer to
File No.*

TO WHOM IT MAY CONCERN:

This is to certify that I always wear ear
protectors while engaged in firearms training.


Joseph F. Condon

ENCLOSURE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/23/74

FROM : *WJL* ALBUQUERQUE (67-2177)

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☒ Remylet 1/7/74
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: Two copies of SF 88 attached showing results of dental check. SA CONDON was examined by his ophthalmologist on 1/21/74, at which time the doctor advised that as a result of an immature cataract in his right eye, this eye is no longer correctable to 20/20 and that his present glasses correct the distant vision as well as possible. SA CONDON's ophthalmologist also advised that he did not deem a cataract operation advisable at this time. In this connection it is noted that the flight surgeon who afforded SA CONDON his annual physical on 10/26/73 also advised he did not feel that an operation for removal of the cataract

~~NOT RECORDED~~ ~~ENCLOSURE~~

9 JAN 29 1974
Bureau (Enc 2) RM

1 - Albuquerque JFC:fd (2)

No further
ask 1-28-74

THREE

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072-12-9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, N.M. 87112			5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY		6. DATE OF EXAMINATION 1/23/74	
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH		13. PLACE OF BIRTH		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn; enter "NE" if not evaluated)	ABNOR- MAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int & ext canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel move- ments, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																	
<div style="display: flex; justify-content: space-around; font-size: small;"><div>Restorable teeth: $\begin{matrix} 0 & 1 & 2 & 3 \\ 32 & 31 & 30 & 29 \end{matrix}$</div><div>Non-restorable teeth: $\begin{matrix} 1 & 2 & 3 \\ 32 & 31 & 30 \end{matrix}$</div><div>Missing teeth: $\begin{matrix} X & X & X \\ 32 & 31 & 30 \end{matrix}$</div><div>Replaced by dentures: $\begin{matrix} X & X & X \\ 32 & 31 & 30 \end{matrix}$</div><div>Fixed Partial dentures: $\begin{matrix} X & X & X \\ 32 & 31 & 30 \end{matrix}$</div></div>																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
T	X	X															F

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

*Examine
el*

MSB

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN	D. MICROSCOPIC		
C. SUGAR			
47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

ENCLOSURE

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT		52. WEIGHT		53. COLOR HAIR		54. COLOR EYES		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE											
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																	
A. SITTING		SYS. DIAS.		B. RECUMBENT		SYS. DIAS.		C. STANDING (3 min.)		SYS. DIAS.		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.			
59. DISTANT VISION						60. REFRACTION						61. NEAR VISION											
RIGHT 20/						CORR. TO 20/						BY S. CX						CORR. TO BY					
LEFT 20/						CORR. TO 20/						BY S. CX						CORR. TO BY					
62. METROPHORIA (Specify distance)																							
ES°		EX°		R. M.		L. M.		PRISM DIV.		PRISM CONV. CT		PC		PD									
63. ACCOMMODATION						64. COLOR VISION (Test used and result)						65. DEPTH PERCEPTION (Test used and score)						UNCORRECTED					
RIGHT LEFT																		CORRECTED					
66. FIELD OF VISION						67. NIGHT VISION (Test used and score)						68. RED LENS TEST						69. INTRAOCULAR TENSION					
70. HEARING						71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
RIGHT WV /15 SV /15						250 250 500 512 1000 1024 2000 2048 4000 4096 6000 6144 8000 8192																	
LEFT WV /15 SV /15						RIGHT																	
						LEFT																	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																							

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)											
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)											
76. A. PHYSICAL PROFILE											
P U L H E S											
77. EXAMINEE (Check)											
A. <input type="checkbox"/> IS QUALIFIED FOR											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
A B C E											
79. TYPED OR PRINTED NAME OF PHYSICIAN											
SIGNATURE											
80. TYPED OR PRINTED NAME OF PHYSICIAN											
SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)											
SIGNATURE											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY											
SIGNATURE											
NUMBER OF ATTACHED SHEETS											

UNITED STATES GOVERNMENT

Memorandum

(SUBMIT IN DUPLICATE)

TO : Director, FBI

DATE: 2/28/74

FROM :

*JOSEPH F. CONDON*Social Security Number 072-12-9337Office of assignment Albuquerque

SUBJECT: OFFICES OF PREFERENCE

Attention: *CP* Movement Unit2. *CP* Data Processing Section

Please list my offices of preference as follows:

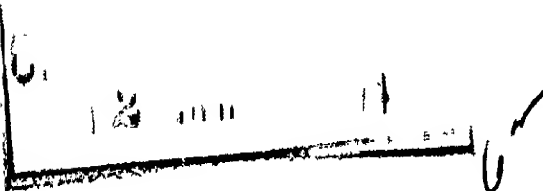
1. ALBUQUERQUE
2. _____
3. _____

3 - Bureau (RM)

1 - Albuquerque

JFC:fd

(4)



FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JOSEPH F. CONDONWhere Assigned: ALBUQUERQUE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from 4/1/73 to 3/31/74ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
InitialsRated by: Gayle K. Marx SUPERVISOR 4/1/74
Signature Title DateReviewed by: Wesley T. Whaley SAC 4/1/74
Signature Title DateRating Approved by: Eugene W. Walsh Assistant Director APR 10 1974
Signature Title Date

TYPE OF REPORT

☒ Official
☒ Annual☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

REC-144

67-4111-212
Searched
8 APR 11 1974

9 APR 12 1974

25

THREE

**PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL
CHECKLIST AND NARRATIVE COMMENTS**
(For use as attachment to Performance Rating Form FD-185)

Name of Employee JOSEPH F. CONDON

Note: Only those items having pertinent bearing on employee's performance should be rated. Actual performance is to be compared with current, existing job description requirements.

+ RATE ITEMS AS FOLLOWS: (See Manual of Rules and Regulations for detailed instructions.)

+ Outstanding (To warrant overall +, all rated elements must be +, and justified in writing.)

E Excellent (Overall E must be supported by E or + on majority of items, including important elements.)

✓ Satisfactory

- Unsatisfactory (If any item so rated, overall adjective rating can be no better than Satisfactory.) Any unsatisfactory item or overall Unsatisfactory rating must be supported in writing.

0 No opportunity to appraise. In other responses, use "X."

(Use INK for Checklist - DO NOT TYPE)

RESPOND TO EVERY ITEM

- E 1. Personal appearance.
- E 2. Personality and effectiveness of his personal contacts.
- + 3. Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability, and willingness to equitably share work load).
- ✓ 4. Physical fitness (including health, energy, stamina). Any physical limitations affecting performance? ☐ Yes ☒ No. Has employee used more sick leave (including annual leave or LWOP for illness) during the rating period than the amount of sick leave earned during such period? ☒ Yes ☐ No. If answer to either is yes, explain.

SA CONDON has suffered ear problems and eye problems during the rating period, and in addition encountered a severe virus which necessitated his taking more sick leave than earned during the rating period.

- + 5. Resourcefulness, ingenuity, and initiative.
- E 6. Forcefulness and aggressiveness as required.
- E 7. Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
- E 8. Planning of work.
- E 9. Accuracy and attention to pertinent detail.
- + 10. Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines, unless failure to meet is attributable to causes beyond employee's control.
- + 11. Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
- E 12. Performance results (rate if applicable and mark others 0) E A. Internal Security; E B. Criminal or General Investigative; 0 C. Fugitive; E D. Applicant; 0 E. Accounting; 0 F. Other, such as Supervisor.
Comment on type of work handled entire rating period, including performance in other divisions, and appraisal of overall work performance:

SA CONDON handles primarily security matters and his tremendous experience in these important cases enables him to do an excellent job. He conducts his investigations thoroughly and is thoroughly conversant in the proper reporting procedures.

Complexity of matters handled: ☐ None ☐ Moderate ☒ Most complicatedDegree of supervision required: ☐ Above average ☐ Average ☒ Minimum ☐ None

- A. Is employee available wherever needs of service require for general assignment? ☒ Yes ☐ No Special assignment? ☒ Yes ☐ No
- B. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.
- C. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, Accountant, or as Resident Agent, supervisor, instructor, etc.): SECURITY

ADJECTIVE RATING:

EXCELLENT

EMPLOYEE'S INITIALS

JK

(Outstanding, Excellent, Satisfactory, Unsatisfactory)

(Checklist and Narrative Comments continued)

- E 13. Firearms. Check One: X Qualified _____ Qualified Instructor _____ Expert _____
V 14. Development of informants and sources of information. Comment on weaknesses or justify limited participation.
During rating period developed _____ informants; _____ potential informants.

SA CONDON currently has 1 PSI. I feel his participation in this program is Satisfactory.

- E 15. Reporting: (Consider conciseness, clarity, organization, thoroughness, accuracy, adequacy and pertinency of leads, and administrative detail.)

E A. Reports; E B. Memos, letters, wires.

- E 16. Performance as a witness. ☐ During rating period; ☒ Based on past performance; ☐ No experience.

- O 17. Executive evaluation (approved Supervisors, Relief Supervisors, Alternate Senior and Senior Resident Agents; underline applicable.)

/ A. Leadership
/ B. Ability to handle personnel
/ C. Making decisions
/ D. Assignment of work
/ E. Training subordinates

/ F. Devising procedures
/ G. Promoting high morale
/ H. Getting results
/ I. Furthering equal employment opportunity

- E 18. Raids and dangerous assignments; O A. As leader; E B. As participant.

- E 19. Miscellaneous. Specify and rate:

E Dictation; / Applicant recruitment; _____ Other _____

- O 20. Police Instruction: ☐ Qualified ☐ Participated ☐ Audited

- NA 21. Foreign Language Ability: Proficient in _____ language(s).
Can handle typical investigative problems as follows:

A. Conversation form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

B. Written form _____ (language) ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Unsatisfactory

Frequency _____ language ability used during rating period _____

Anticipated use during ensuing year _____

C. Completed Bureau Language School ☐ No ☐ Yes _____
Specify language(s) _____

22. Administrative Advancement: ☒ (Check block if not interested.)

A. ☐ Yes ☐ No Agent is completely available for administrative advancement.

B. ☐ Yes ☐ No Agent is considered qualified for administrative advancement, including experience, ability, personality and appearance.

C. If answer to B is "Yes," Agent's qualifications are considered ☐ Very Good ☐ Excellent ☐ Outstanding
Explain if interested but not now qualified.

23. Number of Incentive Awards 0

Commendations received from Director: Individual 0 Through Superior 1

Suggestions submitted 0

If none, check block ☐.

24. Disciplinary Action and Justification for any Unsatisfactory Items. ☒ None
(List items taken into consideration on Checklist.)

EMPLOYEE'S INITIALS AC

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Walsh

DATE: August 9, 1974

FROM : R. G. Hunsinger

SUBJECT: SA JOSEPH F. CONDON
Albuquerque Office
EOD 1-20-47; GS-13; \$26, 878
Age 54; Married (4 Children)
Veteran
HEALTH MATTER - ALCOHOLISM

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Dep. Dir. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

SA Condon was the subject of a memorandum, Feeney to Callahan, dated 2-23-73. This memorandum, attached, sets forth the details concerning information furnished by [redacted] concerning SA Condon's alleged affliction with alcoholism.

SA Condon submitted to a physical examination by his personal physician, [redacted] on 3-9-73. [redacted] advised SAC, Albuquerque, on 3-21-73 that Condon had been drinking heavily but all tests were normal with the exception of a liver problem. The doctor stated that he did not believe Condon needed treatment for alcoholism but Condon should abstain from drinking because of liver damage.

On 8-6-73 SAC, Albuquerque, was told by Condon that he was drinking socially and had no intention of ever becoming a heavy drinker again. Condon's work performance continued to be excellent. [redacted] stated that since social drinking did not appear to be affecting Condon's health, there was no reason to give him another examination.

REC-132

Search

Mrs. Condon has again contacted the Albuquerque Office regarding her husband's drinking problem. She indicated on 7-22-74 at family insistence Condon agreed to meet with a representative from Alcoholics Anonymous (AA) and on 7-23-74 Condon admitted to her that "he has a problem." On 7-29-74 she was considering seeking legal assistance in an effort to have Condon involuntarily committed for alcoholic treatment.

ENCLOSURE
HANDLED SEPARATELY

On 7-31-74 Condon was apprised of the information furnished to the ASAC by [redacted] Condon then admitted he may "possibly have a problem" and agreed to initiate a request for treatment from appropriate sources in

JDM:mle

1 - Mr. Stoetzel

1 - Mr. Woodward
1 - Miss Goode

8-12-74

(OVER)

Memo Hunsinger to Walsh
Re: SA Joseph F. Condon

Albuquerque. ASAC indicated to Condon that his voluntarily seeking treatment would not affect his Bureau career and under current policy alcoholism is treated as a sickness. He was advised he could use sick leave in connection with his treatment and of SAMBA benefits. Condon clearly understood that the Bureau would cooperate as long as he was willing to seek and accept treatment. Condon promised to initiate a request for help on 7-31-74.

On 7-31-74 Condon voluntarily entered Turquoise Lodge in Albuquerque which is a treatment center for alcoholics. His stay at the Lodge should last a minimum of two weeks and would be followed by a program of counseling. SAC, Albuquerque, recommends that Condon be given every opportunity to complete an indefinite period of treatment and counseling, noting that Condon's work performance has not deteriorated and that he has continued to do an excellent job with regard to his Bureau assignments.

Under the law, we are required to give an employee an opportunity to recover from alcoholism. If he fails to respond to treatment or recovers, returns to duty, and is again determined to be drinking to excess, we may then proceed to terminate his employment either through disability retirement or disciplinary measures, as the case may be. Inasmuch as Condon's previous drinking problem was not diagnosed as alcoholism and Condon has recognized his current problem and initiated necessary treatment, it is felt we should treat this as an illness under the provisions of Public Law 91-616 and not as a disciplinary matter.

Under the Bureau's Alcohol Rehabilitation Program, it has been the policy in previous cases for the Director to send a letter expressing his concern and encouragement for recovery.

RECOMMENDATIONS:

(1) That we treat SA Condon's alcoholism as a health matter under the Bureau's Alcohol Rehabilitation Program.

(2) That a letter of concern from the Director be sent to SA Condon.
Appropriate letter attached.

EW/ROH

OK

TJH

James

PERMANENT BRIEF ATTACHED

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

ATTN: ADMINISTRATIVE DIVISION

DATE: 7/31/74

FROM : SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
PERSONNEL MATTER

Asst. Dir.:	
Adm. Serv.	
Crim. Inv.	
Ident.	
Insp.	
Intell.	
Lab.	
Legal Coun.	
Plan. & Eval.	
Spec. Inv.	
Training	
Off. Cong. & Public Affs.	
Director's Sec'y	

Re Albuquerque tel call to Bureau, 7/30/74.

Recently [redacted] discussed
with ASAC [redacted]

asked ASAC [redacted]

ASAC subsequently contacted [redacted] who advised that although he was not fully aware of the facts surrounding SA CONDON's drinking habits, it was his suggestion that SA CONDON's work performance would be a criteria which could be examined in the office in order to establish abnormalities or deterioration, if such existed. [redacted] also suggested that SA CONDON have a thorough physical examination to determine if he has any physical problems, and, if possible, to try to convince SA CONDON to talk to a representative of the above Commission.

REC-132

417041-214

In order to more fully establish the basis for [redacted] expressions of concern, [redacted] was asked to thoroughly discuss with [redacted] the drinking habits, personality, etc. of SA CONDON, and thereafter bring his views or conclusions to the attention of the ASAC. [redacted] did contact [redacted] and thereafter advised the ASAC that in his opinion SA CONDON's drinking problem is a genuine problem in that SA CONDON is in the denial phase with regard to his addiction to alcohol and that he is concerned that someone will find out the extent of his drinking habits. [redacted] advised that according to [redacted]

On 7/29/74 [redacted] telephonically contacted ASAC and advised that [redacted]



2 - Bureau (RM)
1 - Albuquerque
FXO:fd
(3)

Letter to Condon
7-12-74

Memorandum
7-9-74

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE

[REDACTED]

After conferring with the Bureau, ASAC and Supervisor GAYLE K. MARZ had a lengthy conference with SA CONDON on the afternoon of 7/30/74. At this time SA CONDON was apprised of the facts furnished to ASAC by [REDACTED] and [REDACTED] and was asked if he would be willing to voluntarily seek and accept treatment for any drinking problem he might have. SA CONDON then admitted he may "possibly have a problem", and agreed to initiate a request for counseling and treatment from appropriate sources in Albuquerque. It was clearly explained to SA CONDON that his voluntary seeking of such treatment would in no way affect his Bureau career and that under current policy alcoholism is treated as a sickness. He was advised that he could use sick leave in connection with any treatment he might be afforded and was also advised of the SAMBA benefits in connection therewith. This discussion with SA CONDON was held in a most friendly atmosphere and he clearly understood that the Bureau would cooperate in any possible way as long as he was willing to seek and accept treatment. SA CONDON was most appreciative of the attitude taken in this situation and promised faithfully that he would initiate a request for help on 7/31/74.

On 7/31/74, [REDACTED] contacted ASAC and advised that SA CONDON has entered Turquoise Lodge in Albuquerque, which is a treatment center for alcoholics. At this facility SA CONDON will receive counseling and a physical examination, as well as treatment for his apparent condition. [REDACTED] advised that his stay at the Lodge should last about two weeks and would anticipate that it would be followed by a continuing program of counseling.

SA CONDON contacted ASAC on the morning of 7/31/74 with a request that he be placed on annual rather than sick leave and this request has been approved.

AQ 67-2177

The matter of SA CONDON's work performance has been discussed with his supervisor who has advised that no deterioration in his work performance is indicated. SA CONDON continues to do an excellent job with regard to his Bureau assignments. It is obvious that his drinking habits are real and extensive and could foreseeably affect his work performance in the future. His drinking habits are obviously adversely affecting his wife and children at this point.

It is my recommendation that SA CONDON be given every opportunity to complete an indefinite period of treatment and counseling, after which appropriate contacts will be made to determine his condition, his progress and any available prognosis. UACB, SA CONDON will be carried in an annual leave status until this situation is resolved.

August 12, 1974

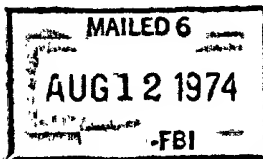
Mr. Joseph F. Condon
Turquoise Lodge
Isleta Boulevard, Southwest
Albuquerque, New Mexico 87105

Dear Mr. Condon:

I am sorry to learn that the condition of your health necessitates that you receive medical assistance, and I want you to know of my concern.

Let me urge you to continue treatment and to follow your doctor's instructions so as not to retard your progress.

Your sincere desire to conquer this illness is the spirit necessary to effect full recovery, and I am confident you will be successful.



Sincerely,

Handwritten signature: Clarence M. Kelly

- 1 - SAC, Albuquerque (Personal Attention)
- 1 - Mr. Stoetzel (Sent Direct)
- 1 - Mr. Woodworth (Sent Direct)
- 1 - Miss Goode (Sent Direct)

JDM
JDM:mle *mee*
(7)

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.: _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

Based on memo Hunsinger to Walsh, JDM:mle, 8-9-74, captioned, "SA JOSEPH F. CONDON."

Handwritten initials: EW, RGH, RGH, JJD

5 AUG 1 1974

MAIL ROOM ☐

TELETYPE UNIT ☐

F B I

Date: 8/13/74

Transmit the following in _____
(Type in plaintext or code)Via AIRTEL _____
(Priority)

TO: DIRECTOR, FBI ATTN: ADMINISTRATIVE DIVISION
FROM: SAC, ALBUQUERQUE (67-2177)
SA JOSEPH F. CONDON
PERSONNEL MATTER

[Handwritten signatures and initials: "Albuquerque", "J. Condon", "J. F. Condon"]

Re Albuquerque letter dated 7/31/74.

On 8/13/74, [redacted] Turquoise Lodge, Albuquerque, New Mexico, advised SA CONDON has made very good progress and has an excellent attitude as regards the treatment and guidance he has received at the Lodge. [redacted] advised SA CONDON has been seen by a staff psychologist on three occasions; however, a formal report is not available at this time. He commented, however, that based on his discussions with the staff psychologist the report, when submitted, will be quite favorable.

According to [redacted] SA CONDON will be free to leave the Turquoise Lodge on 8/14/74 and it is expected he will do so on that date. SA CONDON has been furnished with the names of individuals and organizations in Albuquerque for the purpose of continuing counseling on a regular basis. [redacted] advised that additional counseling received by SA CONDON will, of course, be the result of a decision by CONDON to accept such counseling on a voluntary basis.

Bureau will be kept advised of developments in this matter and the intentions of SA CONDON to continue counseling as soon as such is received.

2 - Bureau (RAM)
1 - Albuquerque
FXO:fd
(3)

[Handwritten: "noted 8-21-74 C-132"]

67- <u>444041-215</u>
Searched
10 AUG 23 1974
THREE

[Handwritten signature: "J. F. Condon"]

5 AUG 27 1974

Approved: _____
Special Agent in Charge

Sent _____ M Per _____

Assoc. Dir.	
Dep.-A.D.-Adm.	
Dep.-A.D.-Inv.	
Asst. Dir.	
Adm. Serv.	
Comp. Syst.	
Ext. Affairs	
Files & Com.	
Gen. Inv.	
Ident.	
Inspection	
Intell.	
Laboratory	
Plan. & Eval.	
Spec. Inv.	
Training	
Legal Coun.	
Telephone Rm.	
Director Sec'y	

1309 Kirby St., N.E.
Albuquerque, N.M. 87112
August 27, 1974

Mr. Clarence M. Kelley
Director
Federal Bureau of Investigation
Washington, D. C., 20535

Dear Mr. Kelley:

I would like to express my appreciation for your most kind and thoughtful letter of August 12, 1974, which was forwarded to me on my return home.

It also was most gratifying to have benefitted from the Bureau's enlightened approach toward this question which, until only recently, has either been grossly misunderstood or largely ignored both within the medical profession and on the part of others who are either directly or indirectly involved.

During the course of my recent treatment I learned a great deal regarding the nature of my illness. This knowledge, together with my own determination and the prayers and support of my family and friends will, I am certain, prove invaluable in helping me toward a complete recovery.

I want also to take this opportunity to express my full support for your efforts as Director in this, one of the most crucial periods in the Bureau's history.

Sincerely,

Joseph F. Condon
Joseph F. Condon
(ALBUQUERQUE)

REC-12

K

414011 216

600

EXP. PROC.

SEP 3 1974

ack
9-4-74
cmk

SEP 10 1974

8

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
WASHINGTON, D. C. 20535



CLARENCE M. KELLEY
DIRECTOR

Mr. Joseph F. Condon
1309 Kirby Street, N. E.
Albuquerque, New Mexico 87112

[Handwritten signatures: Pretsch, Midkiff, Kenzie]
Sept. 7, 1974

Dear Mr. Condon:

I just received your letter of Aug. 27, 1974. What wonderful news it was. It is necessary to understand such a problem and obviously you have been doing some real thinking. That plus the concern and love of a family is all it takes.

Thanks for including me in your good news. I got quite a boost in knowing of your victory.

Sincerely,

Clarence Kelley

Assoc. Dir. _____
Dep.-A.D.-Adm. _____
Dep.-A.D.-Inv. _____
Asst. Dir. _____
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

SENT FROM D.O.
TIME 7:10 PM
DATE 9/9/74
BY [Signature]

REC-131
67-414041-217
Searched _____ Numbered _____
5 SEP 15 1974

3 SEP 19 1974

TREAT AS YELLOW FILE COPY

SAC, ALBUQUERQUE

10-10-74

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
SPECIAL AGENT
PHYSICAL CONDITION

- ☐ ReBulet _____
- ☐ Reurlet _____
- ☐ Re Physical Examination _____
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☒ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____
- ☐ Insure Agent is aware of the necessity of wearing ear protectors when on the firearms range.
- ☐

MAILED 5

OCT 11 1974

FBI

SLS

(21)

9

OCT 11 1974

ATTENTION

PERSONNEL SECTION

MAIL ROOM ☐TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
ATTN: PERSONNEL SECTION DATE: 10/16/74
FROM : *Ways* SAC, ALBUQUERQUE (67-2177)
SUBJECT: SA JOSEPH F. CONDON
PERSONNEL MATTER

ReBulet 10/10/74.

SA CONDON recently had his annual physical examination and although the final report has not been received, the examining physician recommended that SA CONDON undergo eye surgery for the removal of cataracts on his right eye. SA CONDON is scheduled to enter a local hospital on 11/10/74 and will undergo eye surgery for removal of cataracts on 11/11/74. / * *ty*

With regard to the above, the examining physicial will also recommend that SA CONDON not drive a Bureau automobile. At this time the doctor's instructions are being followed with regard to SA CONDON driving.

Discussion with SA CONDON during past 30 days has determined he is accepting counseling with the local Alcoholics group and he appears to be stable and gives no evidence of being involved in any drinking. SA CONDON indicates he is feeling much better since his stay at the Turquoise Lodge and he stated he expects to continue to accept counseling.

Upon completion of SA CONDON's surgery, mentioned above, a recommendation will be made concerning SA CONDON's duty status.

2 - Bureau (RM)
1 - Albuquerque
FXO:fd
(3)

*Let 8 SA ^{SEC-134}
SA *Wing* placed on
limited duty off 10-23-74
10-23-74*

218



5010-108-02

Buy U.S. Savings Bonds Regularly on the Payroll

REPORT OF MEDICAL EXAMINATION

88-114
BOB approval No. 80-R157

1. LAST NAME--FIRST NAME--MIDDLE NAME CONDON, JOSEPH F.			2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT		3. IDENTIFICATION NO. 072-12-9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 1309 Kirby NE Albuquerque, New Mexico 87112			5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY		6. DATE OF EXAMINATION 10/9/74	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 27		10. AGENCY FBI	11. ORGANIZATION UNIT	
12. DATE OF BIRTH 3/16/20		13. PLACE OF BIRTH New York, NY		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN same as #4 wife b6 b7C		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Occupational Health, KAFB, NM				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS--GENERAL (Int & ext, canal) (Auditory acuity under stems 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES--GENERAL (Visual acuity and refraction under stems 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under stem 78)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#21. Tonsil enucleation as a child.

x 25. Cataracts OU, visual status, poor.

ENCLOSURE

REC-137

67-414041-219

9 NOV 5 1974

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O--Restorable teeth --Nonrestorable teeth																	
X--Missing teeth XXX--Replaced by dentures																	
(6 X 8)--Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F
H																	T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam III
Class I

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.013		46. CHEST X-RAY (Place, date, film number and result) Film #9337, dtd October 1974, Negative.	
B. ALBUMIN Negative	D. MICROSCOPIC Negative		50. OTHER TESTS 50%
C. SUGAR Negative	48. EKG WNL		
47. SEROLOGY (Specify test used and result) RPR - NR		49. BLOOD TYPE AND RH FACTOR "B" Pos.	

2 NOV 8 1974

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69"	52. WEIGHT 141	53. COLOR HAIR Gray	54. COLOR EYES Blue	55. BUILD: (Check one) n	56. TEMPERATURE 107.4
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 156 DIA. 90	B. RECUMBENT SYS. / DIA. /	C. STANDING (3 min.) SYS. / DIA. /	A. SITTING 75	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ 400-	CORR. TO 20/ 400-	BY Cataract	CX	20/400 CORR. TO 20/400- BY	
LEFT 20/ 200	CORR. TO 20/ 100	BY Cataract east?	CX	20/70 CORR. TO 20/20 BY	
62. METEOPHORIA (Specify distance)					
/S/ /X° /H. L/X PRISM/DIV. PRISM CONV. CT /Z /Y					
63. N/A ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	Passes on record		UNCORRECTED /	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
N/A		40		69. INTRAOCULAR TENSION	
70. N/A HEARING		71. AUDIOMETER			
RIGHT WV	/15 SV	/15	250 800	500 818	1000 1084
LEFT WV	/15 SV	/15	2000 2800	4000 4000	6000 6144
		RIGHT	5	5	15
		LEFT	5	5	35
			45	50	50
			60	60	50
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					
N/A					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

B/P Right 158/92, Left 156/90

1. Tonsillectomy in childhood.
2. History of glaucoma (4 years), controlled with Pilocaine, cataract right eye and possible cataract (early) left eye. Currently being followed by Ophthalmologist. Is scheduled for operation 11/11/74, on right eye.
3. Fractured left ankle and right great toe years ago.
4. Long history of high frequency hearing loss AU.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#25. Bilateral cataracts.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Doctor Irving Klein

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FORB. ☒ IS NOT QUALIFIED FOR Present pending results of cataract operation.

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

Maj. USAF, MC, FS

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee CONDON, JOSEPH F.
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

- 45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Required for (1) all Special Agent applicants; (2) all FBI National Academy applicants; (3) all examinees over 35 years of age; (4) any other where examination indicates such as desirable.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants, National Academy Applicants, or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and National Academy Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☒ Yes If "yes" please specify defects. Defective visual acuity.

To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☒ Yes If "yes" please specify defects. The patient has bilateral cataracts.

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE 67-417641-219

DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☒ medium ☐ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, employee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: The patient is scheduled to have a cataract operation.

b6
b7C

Signature of Medical Examiner Maj, USAF, MC, FC

17 October 1974

Date _____

SAC, ALBUQUERQUE

10-23-74

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
SPECIAL AGENT
LIMITED DUTY MATTER

- ☐ ReBulet _____
- ☒ Reurlet 10-16-74
- ☐ Re Physical Examination _____
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____

MAILED 7

OCT 24 1974

FBI

Inasmuch as Agent is unable to drive Bureau car he is being placed on limited duty effective this date. No action will be taken to remove him from this status until qualified for full unlimited duty by private doctor.

JGC
(2)

NOV 5 1974
REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/29/74

FROM : SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL EXAMINATION MATTER

☐ Remylet _____
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☒ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☒ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☒ UACB he is being placed on limited duty. SA previously placed on limited duty 10-23-74

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks: SA CONDON is scheduled to undergo surgery for removal of cataract from right eye on 11/11/74.

1 - Bureau (Enc.-3) (RM)
1 - Albuquerque
/fd
(2)

3 ENCLOSURE
HANDLED SEPARATELY
NOV 8 1974 88

noted &
Continued on
limited duty
JCF
11-6-74

THREE
JSL

November 20, 1974

Mr. Joseph F. Condon
1309 Kirby, Northeast
Albuquerque, New Mexico 87112

Dear Mr. Condon:

I am sorry that it was necessary for you to undergo an operation, and trust you are now resting comfortably.

Let me urge that you give no thought to work, but devote your time entirely to your convalescence.

Sincerely,

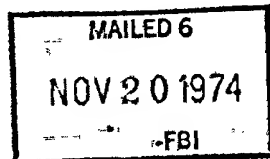
Clarence Kelley

1 - SAC Albuquerque (Personal Attention)

CED
(4) *eld*

Address obtained from File.

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Telephone Rm. _____
Director Sec'y _____



MAIL ROOM ☒

TELETYPE UNIT ☐

je

54
NOV 20 1974

**PERSONAL INFORMATION
AND/OR
REQUEST FOR LEAVE**

15/11/74
code
11/12/74
[Signature]

TO : **DIRECTOR, FBI**

DATE:

FROM: **SAC, ALBUQUERQUE**Name **SA JOSEPH F. CONDON** Social Security No. **072-12-9337**Assigned **ALBUQUERQUE** EOD **1/20/47**

REQUEST FOR LEAVE WITHOUT PAY		LWOP from _____ to _____	
Hours of annual leave accrued	Hours of sick leave (if applicable)	Desires advanced annual leave in addition to LWOP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason:			
If for marriage: (1) Name of future spouse _____, if Bureau employee; (2) If non-Bureau, has Form FD-292, "Change in Marital Status," been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ILLNESSES Nature of illness: (Indicate extent of, description, and current condition under Remarks) (Date of surgery and postoperative condition must be indicated under Remarks) <input type="checkbox"/> Accident <input type="checkbox"/> Injury <input type="checkbox"/> Disease <input checked="" type="checkbox"/> Operation			
Date sick leave commenced 8:15 A.M., 11/6/74	Date ceased active duty 11/6/74	Expected date of return to duty 12/16/74	
Address: Confined at: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence ANNA KASEMAN HOSPITAL 8300 Constitution Ave. NE Albuquerque, N.M. 87110			
EMPLOYEE REQUESTS ADVANCED SICK LEAVE after accrued <input type="checkbox"/> sick leave <input type="checkbox"/> sick and annual leave Employee has 258 hours of annual leave and 677 hours of sick leave (if applicable) accrued.			
DEATHS <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Son <input type="checkbox"/> Other Relationship _____			
Name of deceased		Date and place of death	
Cause of Death <input type="checkbox"/> Natural <input type="checkbox"/> Accidental or Other (Explain under additional remarks)		If employee is leaving residence because of this death, what will be his temporary address?	
Employee's residence address		Time and date of departure: _____ Anticipated time and date of return: _____	

ADDITIONAL REMARKS AND/OR REASONS FOR REQUEST WHICH WILL BE GRANTED, UACB.

On 11/10/74 entered the hospital 11/10/74 and underwent surgery for cataract removal from his right eye on 11/11/74. His condition is satisfactory and it is expected he will leave the hospital about the end of the week. A long recuperation period is expected to follow.

1 - Bureau (RM)

1 - Albuquerque

/fd

(2)

DIR'S PER. NOTE SENT

11-20-74

CED

noted
11-22-74
[Signature]

THREE
RED

December 18, 1974

Mr. Joseph F. Condon
1309 Kirby, Northeast
Albuquerque, New Mexico 87112

Dear Mr. Condon:

With the approach of the Yuletide Season,
I extend best wishes to you on behalf of your asso-
ciates in the FBI for a speedy return to good health.
Please continue to follow the advice of your doctor
and take care of yourself.

Mrs. Kelley and I send our personal greetings
to you and your loved ones for a joyous Holiday Season.
May the coming year bring you improved health and a
full measure of happiness.

Sincerely,

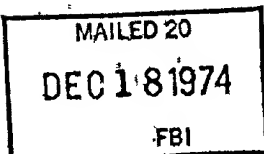
Clarence M. Kelley

NOTE: Mr. Condon has been on sick leave since 11-6-74 due
to eye surgery.

JCW:jac (4)

jac

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____



*med
pr*

*GEN
pr*

10 DEC 30 1974

MAIL ROOM ☐

TELETYPE UNIT ☐

JCW

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI
ATTN: ADMINISTRATIVE DIVISION

DATE: 12/20/74

FROM : SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION

Reylet 11/12/74, advising of SA CONDON's surgery for removal of cataract from his right eye.

SA CONDON is to see his physician on 12/27/74, at which time a decision will be made as to fitting the contact lens. At this time it is not known when he will be released by his doctor to return to duty. The matter is being followed and the Bureau will be kept advised.

2 - Bureau (RM)
1 - Albuquerque
/fd
(3)

*Noted
12-27-74
jgc*

*Noted 12-24-74
Dir's Per Note
Per Sent 11-20-74
mch*

67-NOT RECORDED
2 JAN 2 1975



5010-110

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/6/75

FROM: SAC, ALBUQUERQUE

Attention: Personnel Section

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION

☒ Remylet 12/20/74
☐ ReBulet _____

☐ Re physical examination _____
☐ Dental work was completed on _____
☐ Vision has been corrected to _____ Employee specifically instructed
_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☒ Employee returned to active duty 8:15 A.M., 1/6/75
☒ Employee's physical condition is SATISFACTORY
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

continued

If employee is a Resident Agent, is there a sufficient amount of nonarduous work available to keep him fully occupied and are sufficient agents available to handle emergency assignments. ☐ Yes ☐ No If answer is no, separately and immediately submit your recommendation for the return of this agent to headquarters city.

Remarks:

SA CONDON, at the time of his last appointment with his doctor, had hoped to be fitted with the contact lens; however, the eye was not sufficiently healed to permit this. His next appointment is 1/20/75 at which time it is hoped that the contact can be fitted and he can be removed from limited duty status. The matter is being followed and the Bureau will be kept advised.

1 - Bureau (RM)
1 - Albuquerque

/fd
131(2) 23 1975

*using favor +
Continued on
limited duty
JSC
1-14-75*

FILED
[Signature]

SAC, ALBUQUERQUE

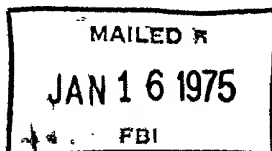
1-16-75

Director, FBI

PERSONAL ATTENTION

JOSEPH F. CONDON
SPECIAL AGENT
PHYSICAL CONDITION

- ☐ ReBulet _____.
- ☒ Reur ~~xxx~~ Airtel 8-13-74 _____.
- ☐ Re Physical Examination _____.
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☒ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.



JGC
(2)

REPLY ATTENTION PERSONNEL SECTION

139
MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

FROM : SAC ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
PHYSICAL CONDITION

DATE: 1/22/75

WJ
WJ
WJ

Remylet 1/6/75.

On 1/20/75, captioned Agent was fitted with a soft contact lens in the eye from which the cataract was removed in November, 1974. SA CONDON's doctor has advised that he normally waits a period of from two to three weeks to allow the eye to become accustomed to the soft contact lens before prescribing the new lens for the glasses which SA CONDON will still have to wear and which will work in conjunction with the soft contact lens.

SA CONDON's doctor also advised him that normally it takes approximately a week or so to become accustomed to the new combination of the soft contact lens and the new glasses lens, particularly with depth of field and distance vision.

In view of the above, SA CONDON anticipates he will be removed from limited duty status no later than the end of February, 1975, at which time a certification from his doctor to this effect will be submitted.

1 det
WJ 2 - Bureau (RM)
1 - Albuquerque
JFC:fd
(3)

Will follow
WJ
1-27-75

67- 4140 41-220
Indexed
Numbered
8 JAN 28 1975 3



5010-110

2 93
JAN 30 1975

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

FROM : *WJ* SAC, ALBUQUERQUE (67-2177)

SUBJECT: SA JOSEPH F. CONDON
PERSONNEL MATTER

DATE: 1/28/75

*gh mid kiff
WJ Good*

ReBulet (OF 3-208) 1/16/75 and Albuquerque letter to the Bureau 1/22/75.

SA CONDON's problem with regard to his vision was explained in re Albuquerque letter. He continues to have a limited amount of vision even though a contact lens has been inserted. This matter is being followed closely by his personal physician who will not be able to make a prognosis for several more weeks.

Contact with Mrs. CONDON has determined that SA CONDON is not now being counseled by local Alcoholics Anonymous group nor does he feel he needs such counseling.

b6
b7C
b7D

REC-131

67-414041-221

It would appear that in the near future it will be necessary that SA CONDON undergo a complete physical examination for the purpose of determining whether or not he meets acceptable standards to continue on duty as a Special Agent.

This matter will be closely followed and the Bureau will be kept advised.

2 - Bureau (RM)
1 - Albuquerque
FXO:fd
(3)

*Will follow
WJ
2-12-75*

2-10-75
SAC to follow closely
+ keep Bureau advised. No
indication of any drinking
at work per SAC. Eyes do not
prevent him to do any extended
reading. *gh*

THREE
WJ



1 FEB 14 1975

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

Report of Exit and Separation
FD-193 (Rev. 7-10-74)

TO: DIRECTOR, FBI

FROM: SAC, ALBUQUERQUE

DATE: 2/12/75

Name of Employee

JOSEPH F. CONDON

EOD Date

1/20/47

Title

SPECIAL AGENT

Last Local Address

1309 Kirby NE, Albuquerque, NM 87112

Forwarding Address (include Zip Code, if known)

same

Cease-active-duty Date (hour and last day physically at work)

5:00 PM 3/14/75

Working Hours (include workweek if other than Monday - Friday)

8:15 A.M. - 5:00 PM

Interview Conducted By (Signature)

Title

SPECIAL AGENT IN CHARGE

LEAVE DATA

Leave category

☐ 4

☐ 6

☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date.

AL 294 SL 377

Hours of annual leave carried over at beginning of current leave year.

AL 254

Leave to be used prior to cease-active-duty date

Note: Public Law 93-181 provides employees are paid for all annual leave credited to employee in year of separation.

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL 0 SL 0

READ BEFORE INTERVIEWING

Purposes:

1 - Obtain real, motivating reason for resignation

2 - Save a valuable employee if possible

3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements; and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item M. Comments.

A.

- 1. ☐ Return to Home Area
- 2. ☐ Homesick for Family and Friends
- 3. ☐ Unable to Adjust to City Environment
- 4. ☐ Living Costs
- 5. ☐ Transportation
- 6. ☐ Housing
- 7. ☐ Concern Over City Life (Crime, etc.)

- 8. ☐ Dissatisfaction With Assignment
- 9. ☐ Dislike of Production or Work Standards
- 10. ☐ Dislike Performing Overtime
- 11. ☐ Dislike Shift Assignment
- 12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
- 13. ☐ Working Conditions (other than physical plant)
- 14. ☐ Lack of Promotional Opportunity

B.

- 15. ☐ Military
- 16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment)

Check both reason and type.

Reason:

- ☐ a. Promotional
- ☐ b. Enter different field

Type:

- ☐ a. Other Government employment
- ☐ b. Private industry
- ☐ c. Self-employment

- 17. ☐ Poor Health (Self)
- 18. ☐ Poor Health (Family)
- 19. ☐ Marriage
- 20. ☐ Maternity
- 21. ☐ Attend School; ☐ locally; ☐ other area

- 22. ☐ Change of Residence (husband or family moving)
- 23. ☐ Housewife or Child Care
- 24. ☐ Resignation requested
- 25. ☐ Removal
 - ☐ All involuntary separations
 - ☐ Abandonment of position - failed to submit resignation
- 26. ☐ Resigned during administrative inquiry
- 27. ☒ Retirement
 - ☒ Optional (including liberalized); give reason
 - ☐ Disability
- 28. ☐ Other (Explain under comments)

C. 1. Did employee violate terms under transfer agreement, 3-34b ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item M. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

a. ☐ Advise employee any money due being held in abeyance until determination is made as to any indebtedness.

b. ☐ Advise Bureau of resignation. Attention Data Processing Section on

by ☐ teletype ☐ telephone

8 MAR 10 1975

(over)

- D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)
- E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.
- F. All Government property, documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty (exceptions: Honorary FBIRA card, commendation, censure or promotion letters or copies of expense vouchers, etc.). ☒ Yes ☐ No
- G. If employee is resigning for maternity purposes, appropriate block must be marked:
- ☐ Employee is not entitled to payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.
- ☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.
- ☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)
- H. Was employee instructed that if enrolled in a health benefits plan coverage continues temporarily for 31 days from the termination of health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No
- I. Was employee instructed that if enrolled under the Special Accident and Travel Insurance (SATI) coverage under the Accident Protection Benefit Plan continues for 31 days from the last day of pay period in which a deduction was made? This is not necessarily the last day on duty of employee but invariably two weeks prior since the termination of payroll allotments differs according to notice given of resignation. Employee is eligible to continue this coverage at the same rates and amounts to age 65. If employee desires to continue this coverage he/she should immediately contact Wright & Company, 1001 Connecticut Avenue, N. W., Suite 1222, Washington, D. C. 20036. ☒ Yes ☐ No
- J. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No
- K. Was employee advised that any inquiries concerning his (her) FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No
- L. The retiring employee is qualified and desires the ☐ 20-year plaque ☒ 25-year plaque ☐ 30-year plaque. *Mr. Barnett's adv. 3-14-75*
- M. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

It is noted SA CONDON's sick leave shows 377 hours. It is further noted he has a doctor's appointment on 2/17/75 and will take 4 hours sick leave on that date.

- N. Has there been any substantial change in employee's work performance record since submission of last performance rating? ☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

- O. Recommendations re reinstatement: ☐ Yes ☐ No (If No, explain why.)

Permanent retirement

Dissemination
Routing Slip
FD-417 (9-12-69)

(Copies to Offices Checked)

To: ☒ Director, Att.: ADMINISTRATIVE DIVISION
☐ SAC.

☐ Albany
☐ Albuquerque
☐ Alexandria
☐ Anchorage
☐ Atlanta
☐ Baltimore
☐ Birmingham
☐ Boston
☐ Buffalo
☐ Butte
☐ Charlotte
☐ Chicago
☐ Cincinnati
☐ Cleveland
☐ Columbia
☐ Dallas
☐ Denver
☐ Detroit
☐ El Paso
☐ Honolulu

☐ Houston
☐ Indianapolis
☐ Jackson
☐ Jacksonville
☐ Kansas City
☐ Knoxville
☐ Las Vegas
☐ Little Rock
☐ Los Angeles
☐ Louisville
☐ Memphis
☐ Miami
☐ Milwaukee
☐ Minneapolis
☐ Mobile
☐ Newark
☐ New Haven
☐ New Orleans
☐ New York City
☐ Norfolk

☐ Oklahoma City
☐ Omaha
☐ Philadelphia
☐ Phoenix
☐ Pittsburgh
☐ Portland
☐ Richmond
☐ Sacramento
☐ St. Louis
☐ Salt Lake City
☐ San Antonio
☐ San Diego
☐ San Francisco
☐ San Juan
☐ Savannah
☐ Seattle
☐ Springfield
☐ Tampa
☐ Washington Field

Date 2/28/75

RE:

SA JOSEPH F. CONDON
RETIREMENT

REMARKS:

Re letter of SA JOSEPH F. CONDON re his request for retirement dated 2/12/75. Enclosed herewith for the Bureau's assistance in processing my retirement, are two xerox copies of Honorable Discharge from the U. S. Army.

ENC. RM

ENCLOSURE
FILE #:

SAC

W. A. MEINCKE

OFFICE

ALBUQUERQUE

67-NOT RECORDED

5 MAR 6 1975

10



Honorable Discharge

This is to certify that

JOSEPH F. CONDON

32 188 825 Master Sergeant AIR CORPS

Army of the United States

*is hereby Honorably Discharged from the military
service of the United States of America.*

*This certificate is awarded as a testimonial of Honest
and Faithful Service to this country.*

Given at ANDREWS FIELD WASHINGTON DC

Date 12 DECEMBER 1945

48
RECORDED

DEC 26 1945

PHOTOSTAT DIV.

New York County Clerk's Office

S. L. Crosthwait

S. L. CROSTHWAIT
Lt Colonel Air Corps

23800

ENCLOSURE

31/15

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL Condon Joseph F		2. ARMY SERIAL NO. 321-5825	3. GRADE M/Sgt	4. ARM OR SERVICE AC	5. COMPONENT AUS
6. ORGANIZATION 64th AAF Base Unit		7. DATE OF SEPARATION 12 Dec 45	8. PLACE OF SEPARATION AAF Sep Base Andrews Fld Washington DC		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 1245 Park Ave New York NY		10. DATE OF BIRTH 16 Mar 1920	11. PLACE OF BIRTH New York NY		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT See 9		13. COLOR EYES Blue	14. COLOR HAIR Brown	15. HEIGHT 5'8"	16. WEIGHT 142 lbs.
17. NO. DEPEND	17. NO. DEPEND 0				
18. RACE WHITE	19. MARITAL STATUS SINGLE	20. U.S. CITIZEN YES	21. CIVILIAN OCCUPATION AND NO. Clerk General 1-05.010		

MILITARY HISTORY


22. DATE OF INDUCTION 7 Jan 42		23. DATE OF ENLISTMENT -		24. DATE OF ENTRY INTO ACTIVE SERVICE 7 Jan 42		25. PLACE OF ENTRY INTO SERVICE Fort Dix New Jersey	
26. REGISTERED YES		27. LOCAL S.S. BOARD NO. # 51		28. COUNTY AND STATE New York NY		29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE See 9	
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Supply Technician 826				31. MILITARY QUALIFICATION AND DATE (i.e., Infantry, aviation and marksmanship badges, etc.) Carbine 1M1			
32. BATTLES AND CAMPAIGNS Anti-Submarine							
33. DECORATIONS AND CITATIONS American Theater Medal w/1 Bronze Battle Star Good Conduct Medal Victory Medal							
34. WOUNDS RECEIVED IN ACTION None							
35. LATEST IMMUNIZATION DATES				36. SERVICE OUTSIDE CONTINENTAL U.S. AND RETURN			
SMALLPOX 21 Feb 45		TYPHOID 22 Jan 45		TETANUS 20 Jan 44		OTHER (specify) See 55	
37. TOTAL LENGTH OF SERVICE				38. HIGHEST GRADE HELD			
CONTINENTAL SERVICE		FOREIGN SERVICE		M/Sgt			
YEARS 3	MONTHS 11	DAYS 6	YEARS -				
39. PRIOR SERVICE None							
40. REASON AND AUTHORITY FOR SEPARATION Demobilization AR 615-365 & Ltr WD GAP 220.8 (22 Sep 45)							
41. SERVICE SCHOOLS ATTENDED None						42. EDUCATION (Years) Grammar 8 High School 4 College 4	

PAY DATA

43. LONGEVITY FOR PAY PURPOSES YEARS 3 MONTHS 11 DAYS 6			44. MUSTERING OUT PAY TOTAL 200 THIS PAYMENT 1.00		45. SOLDIER DEPOSITS -	46. TRAVEL PAY 11.80	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER 298.46 M D TURSHERS Capt AC
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INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.							
48. KIND OF INSURANCE Nat. Serv. <input checked="" type="checkbox"/> U.S. Govt. <input type="checkbox"/> None <input type="checkbox"/>		49. HOW PAID Allotment <input type="checkbox"/> Direct to V. A. <input type="checkbox"/>		50. Effective Date of Annuity Discontinuance 31 Dec 45		51. Date of Next Premium Due (One month after 50) 31 Jan 46	
52. PREMIUM DUE EACH MONTH 6.60		53. INTENTION OF VETERAN TO Continue <input checked="" type="checkbox"/> Continue Only <input type="checkbox"/> Discontinue <input type="checkbox"/>					

 RIGHT THUMB PRINT	54. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives)	
	Label Button Issued ASR Score 49 (2 Sep 45) No time lost under AW 107 Typhus 3 Mar 45 Cholera 3 Mar 45 Yellow Fever 2 May 44	
	APPLICATION READJUSTMENT ALLOWANCES MADE ON 1/8/46 NEW YORK STATE IL	
55. SIGNATURE OF PERSON BEING SEPARATED <i>Joseph F. Condon</i>		56. PERSONNEL OFFICER (Type name, grade and organization - signature) <i>Edward C. Stonich</i> EDWARD C STONICH 1st Lt AC 64 AAFBU (CAF)

WD AGO FORM 53-1
November 1944

This form supersedes all previous editions of WD AGO Forms 53 and 55 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

ENCLOSURE

3/1/46

February 20, 1975

PERSONAL

Mr. Joseph F. Condon
Federal Bureau of Investigation
Albuquerque, New Mexico

Dear Mr. Condon:

I have your letter of February 12, 1975, concerning your decision to retire.

You have served this organization long and faithfully and I would like to express my thanks to you for your help. You are certainly entitled to be proud of your achievements, and I am pleased that you have enjoyed your association with the FBI and its personnel.

Your offer to be of future assistance is appreciated, and it is my hope that the years ahead will be happy ones for Mrs. Condon and you.

Sincerely,
Clarence Kelley

RJS/saz (8)

Salary GS 13(5-10) \$28,359

ENCLOSURE (SAC, Albuquerque (Personal Attention) Enclosures (5) The attached Form 3-496 with 3 enclosures should be given to SA Condon. There is also attached a copy of Form 3-496 for your information.

Assoc. Dir. _____
Dep. AD Adm. _____
Dep. AD Inv. _____
Asst. Dir.:
Admin. _____
Comp. Syst. _____
Ext. Affairs _____
Files & Com. _____
Gen. Inv. _____
Ident. _____
Inspection _____
Intell. _____
Laboratory _____
Plan. & Eval. _____
Spec. Inv. _____
Training _____
Legal Coun. _____
Telephone Rm. _____
Director Sec'y _____

- 1 - Miss Tibbetts
- 1 - Data Processing Section (Sent Direct)
- 1 - Miss Goode (Last physical on 10-9-74)

1 - Mr. Heim--SA (Condon's cease active duty date is 3-14-75. EOD 1-20-47, SA. Forwarding address: 1309 Kirby Northeast, Albuquerque, New Mexico 87112.

NOTE: SA Condon is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Agent, Albuquerque Office, in GS-13, \$28,359 per annum.

MAIL ROOM ☐ TELETYPE UNIT ☐

GPO 951346

2-20-75

Name: **Joseph F. Condon**

APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☒ Not applicable.
☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$ _____.
☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$ _____.

ANNUITY

Annuities are computed on full months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year, 2 months, 14 days of accrued sick leave, ☒ other civilian Government service and/or ☒ military service known to us, totalling 32 years, 10 months, 20 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

TYPES OF ANNUITY

Married applicants only

- | | With Deposit | Without Deposit | With Redeposit | Without Redeposit | With Deposit & Redeposit |
|--|-----------------|-----------------|----------------|-------------------|--------------------------|
| <input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) | \$ 1602* | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Annuity Without Survivor Benefit | \$ 1753* | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Unmarried applicants only (Including Widowed or Divorced)

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| <input type="checkbox"/> Annuity without Survivor Benefit | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

plus annuity for each eligible child.

SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 3-14-75 your annuity will commence 3-15-75 immediately following the ☒ cease active duty date or ☐ expiration of sick leave on _____ earned through _____. Item B2 on application ☐ changed to ☐ should be changed to close of business _____.

If ☐ annual leave or sick leave was or will be used by you subsequent to _____ this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ **3575**. A deduction for Federal income tax has been made from this estimate.

*Based on 12-31-74 computation.

67-414041-222
ENCLOSURE

3/6/75 (over)

FEDERAL EMPLOYEES' GROUP LIFE INSURANCE

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$ 34,000.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$ 34,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age beginning at \$2.82 monthly for persons under age 35 and ranging to \$41.17 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on _____. If you desire to waive the insurance, you should submit SF-176. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as _____
- This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
 - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
 - ☐ Comprehensive Medical Plan
 - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC. Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

SAMBA LIFE INSURANCE - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

Your Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Spouse and Children				Semi-Annual Cost
			Spouse	Child	Spouse	Child	
\$ 3,000	\$ 1,500	\$ 3.25					
2,000	3,500	12.25					
8,000	4,000	15.00					
10,000	5,000	20.00					
12,000	6,000	25.75					
15,000	7,500	33.50					
20,000	10,000	48.00					
23,000	11,500	58.50					
30,000	15,000	75.00					
35,000	17,500	87.50					
			Spouse	Child	Spouse	Child	
			\$ 2,000	\$1,000	\$1,000	NONE	\$ 2.25
			4,000	3,500	2,000	1,750	8.00
			8,000	3,500	4,000	1,750	16.00
			10,000	NONE	5,000	NONE	20.00

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children from age 1 to 19 (or 23 if full-time student.) Upon retirement your premium cannot be withheld by payroll allotment. You should contact Wright & Company who in turn will issue a monthly premium payment book. Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

ENCLOSURE

- ☐ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System."
- ☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

ADDITIONAL INFORMATION

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by agency employing office and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle) CONDON, JOSEPH FRANCIS	2. DATE OF BIRTH (Month, Day, Year) 3-16-20	3. SOCIAL SECURITY ACCOUNT NUMBER 072 12 9337
---	---	---

B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (Month) (Day) (Year) 4-26-42	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
*1-21-46	Appointed		War Department		*Per BRI 49-112A Claim
*11-8-46	Terminated				#CSD-657211 deposit paid.
1-20-47	Appointed		FBI	CS	(Retirement deductions began)
3-14-75	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-11-13			TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0		

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
--	--

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
1-7-42	12-12-45	U. S. Army Air Force	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 3-11-6			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available. <input checked="" type="checkbox"/> No.	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.) <input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. <input type="checkbox"/> No. (Includes cases where waiver unnecessary)
--	--

CSC 1084
May 1971

ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM

ENCLOSURE

67-4140 41-222

3/5/76

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below: <input checked="" type="checkbox"/> Eligible to continue regular insurance only. <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since: <div style="text-align: center;"> 2-13-68 <i>(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)</i> </div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability. <input type="checkbox"/> Waived all life insurance coverage. <input type="checkbox"/> Not eligible for life insurance. <input type="checkbox"/> Other (specify) _____
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information: <div style="text-align: center;"> 442 <i>Enrollment Code Number</i> 3215073 <i>Carrier Control Number</i> </div>	<input type="checkbox"/> NO. Give reason below: <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability. <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less. <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify) _____
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement. LIFE INSURANCE DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status). NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder. HEALTH BENEFITS DOCUMENTATION <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement. LIFE INSURANCE DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement. HEALTH BENEFITS DOCUMENTATION <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records. 2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record. 3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL	
OFFICIAL TITLE Personnel Officer	DATE 2-20-75
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE FBI 202-324-4981 9th St. & P Ave. N. W. Washington, D. C. 20535	

1309 Kirby NE
Albuquerque, NM 87112
February 12, 1975

Assoc. Dir.	_____
Dep. A.D.-Adm.	_____
Dep. A.D.-Inv.	_____
Asst. Dir.:	_____
Adm.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Intell.	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

Mr. Clarence M. Kelley
Director
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Kelley:

I would like to submit my retirement effective
March 14, 1975.

I have thoroughly enjoyed my association with
the Bureau and the many friends I have made over the
past 28 years. I feel, too, that my experience as an
Agent will prove of considerable value in whatever line
of work I decide to undertake, and would also like to
express my deep appreciation for your concern while I was
convalescing from my recent cataract surgery.

I intend to remain in Albuquerque, and in the
event I can be of any possible future assistance to the
Bureau, I hope that you will feel free to call upon me.

Sincerely,

Joseph F. Condon
JOSEPH F. CONDON
Special Agent

REC-136

67- 4140 41-222
Numbered _____
8 MAR 10 1975 ₃

*Getack
2-20-75
per*

THREE
per

*Enclosure detached
and sent to Foley
2-14-75 REC*

**NOTIFICATION OF PERSONNEL ACTION
FEDERAL BUREAU OF INVESTIGATION**

1. NAME (CAPS) LAST-FIRST-MIDDLE CONDON, JOSEPH F		MR.-MISS-MRS. MR		2. (FOR AGENCY USE)	3. BIRTH DATE 03-16-20	4. SOCIAL SECURITY NO. 072-12-9337	
5. VETERAN PREFERENCE 2 1-NO 3-10 PT. DISAB. 5-10 PT. OTHER 2-5 PT. 4-10 PT. COMP.				6. TENURE GROUP 1		7. SERVICE COMB. DATE	
9. FEGLI 1 1-COVERED (Regular only-declined Optional) 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg & Opt)				10. RETIREMENT 1 1-CS 3-FS 5-OTHER 2-FICA 4-NONE		11. (FOR CSC USE)	
12. CODE NATURE OF ACTION 302 RETIREMENT - VOLUNTARY				13. EFFECTIVE DATE CR 03-14-75		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
15. FROM: POSITION TITLE AND NUMBER SPECIAL AGENT 51-E-048 170				16. PAY PLAN AND OCCUPATION CODE GS SERIES 1811		17. GRADE STEP OR (a) OR (b) OR LEVEL RATE 13 10	
						18. SALARY \$28359 PA	
19. NAME AND LOCATION OF EMPLOYING OFFICE							
20. TO: POSITION TITLE AND NUMBER							
				21. PAY PLAN AND OCCUPATION CODE		22. GRADE STEP OR (a) OR (b) OR LEVEL RATE	
						23. SALARY	
24. NAME AND LOCATION OF EMPLOYING OFFICE							
25. DUTY STATION (City-county-State)						26. LOCATION CODE	
27. APPROPRIATION S. & E., FBI				28. POSITION OCCUPIED 1-COMPETITIVE SERVICE 2 2-EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2	
30. REMARKS: <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 67-NOT RECORDED 92 MAR 28 1975 </div> <p>AT HIS REQUEST, HE VOLUNTARILY RETIRED IN VIEW OF SECTION 8336(C) 5 USC OF THE CIVIL SERVICE RETIREMENT ACT. (AT LEAST AGE 50, AND 20 YEARS OR MORE INVESTIGATIVE EXPERIENCE). ANNUITY PAYMENTS TO COMMENCE 3-15-75 EMPLOYEE GAVE NO REASON FOR RETIRING--NO OTHER INFORMATION AVAILABLE. Paid hereon for the period 3-2-75 thru ob 3-14-75. Lump-sum payment to cover 286 hours commencing bob 3-17-75 and ending after 6 hours 5-5-75.</p>							
<div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p align="center" style="font-size: 1.2em; font-weight: bold;">CRT RESIGN</p> </div>							
31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)				34. SIGNATURE (Of other authentication) AND TITLE <i>C. M. Kelly</i>			
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)				35. DATE			
33. CODE EMPLOYING DEPARTMENT OR AGENCY 02 FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535				4. PERSONNEL FOLDER COPY			

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 3/17/75

Attention: Administrative Division

FROM : SAC, ALBUQUERQUE (67-56)

SUBJECT: SA JOSEPH F. CONDON

1. Pers. Actions.....
2. Property.....
3. *Handwritten initials*.....
4. Payroll.....

The following is submitted in connection with the separation of the above employee who ceased duty 5:00 PM, 3/14/75

The following Bureau property obtained and is ☐ enclosed, ☐ transmitted under separate cover by ☒ registered mail
☐ railway express

- all property as listed rec'd 3-25-75 ghr*
- ☒ Bureau Badge with case # 6590
 - ☒ Commission Card with case # 3557
 - ☒ Agent's Brief Case
 - ☐ Zipper Brief Case
 - ☐ Colt Official Police Revolver # _____
 - ☒ S & W Military and Police Revolver # 205497
 - ☒ Holster and adapter for above revolver
 - ☒ FBI Handbook # 4263
 - ☐ Inspectors' Manual # _____
 - ☒ GTRs numbers C-0, 213951-960

(retained in office for future use)

- ☒ FBIRA Card ☒ destroyed, ☐ not a member, ☐ unable to locate

- ☐ FBI Identification Card # _____, destroyed in office

- ☐ Handbook for FBI Employees, retained for future use

- ☐ U. S. Government Operator's Identification Card # _____

- ☐ Non-Agent Credential Card with case # _____

The following are attached for the Bureau:

REC-139

- ☐ Performance Rating as of the cease-active-duty date if employee is departing on maternity leave or separating for military service and there has been a substantial change in performance since last rating.

- ☒ Electrocardiogram tracings *Medical history forms sent to file 2-26-75*

Forwarding address: JOSEPH F. CONDON1309 Kirby NEAlbuquerque, N.M. 87112

Agents Only: Is above forwarding address changed from that shown on exit interview form? ☐ Yes ☒ No

Remarks:

ENCLOSURE

☒ Enc. RM

cc: 3/18/75

THREE

*EKG's det. in location records
pert. to all inquiries
4-18-64
mas*

MEDICAL REPORTS

Personnel File No.

CONDON, JOSEPH H. FRANCIS

Personnel File No.

67-414041

67-05-10-0000
FBI - NEW YORK

3/rid



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE SEX RACE HEIGHT WEIGHT B P SIGNATURE OF WARD PHYSICIAN

43 MALE CAUC 5'9" 145

DATE

11/4/63

RHYTHM

AXIS DEVIATION (QRS)

RATES

AURIC

VENT

INTERVALS

P WAVES

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIFORM AND SYMMETRIC ST SEGMENT ELEVATION

PRECORONAL LEADS (Spec/9)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS

WNL - NSCS 11-23-63

(Continue on reverse)

b6

b7C

NO.

SIGNATURE

TITLE

DATE

ECG

11-8-63

PATIENT'S IDENTIFICATION (For typewriter or other device: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

715.2

Staff Clinic

CONDON, JOSEPH F.

SA - FBI

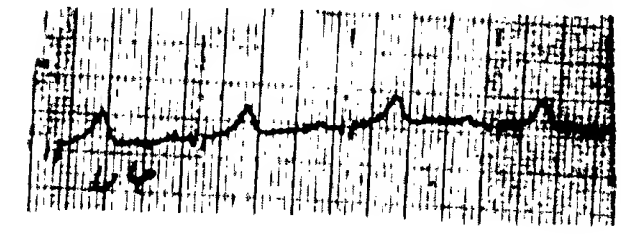
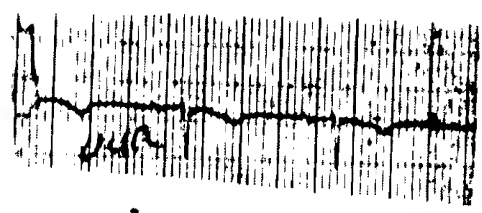
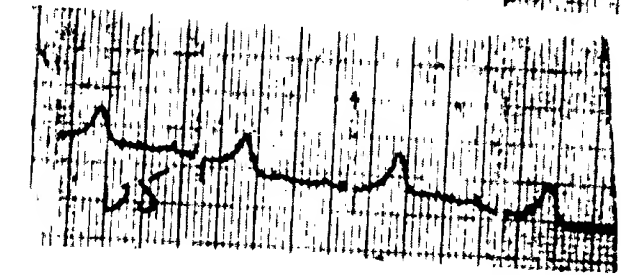
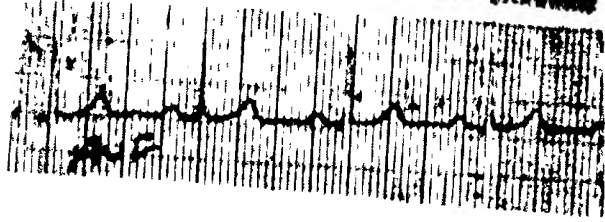
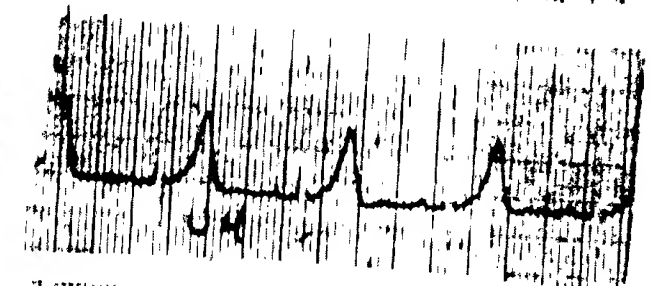
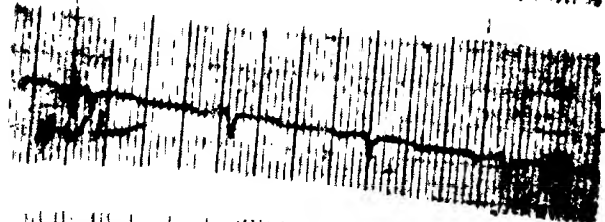
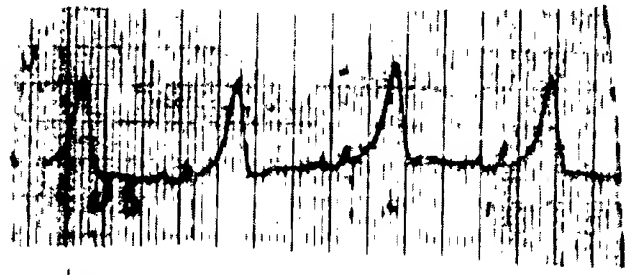
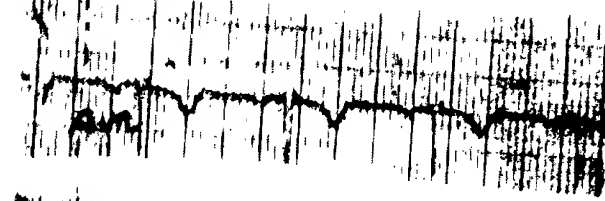
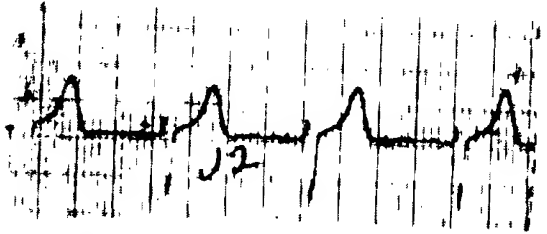
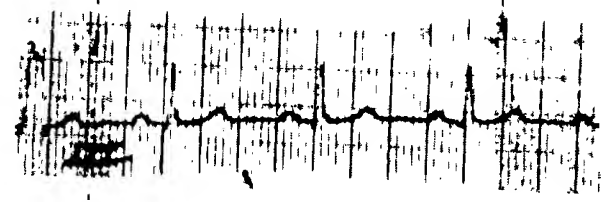
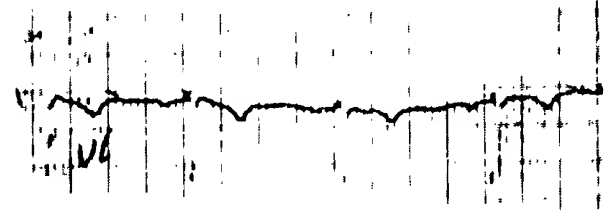
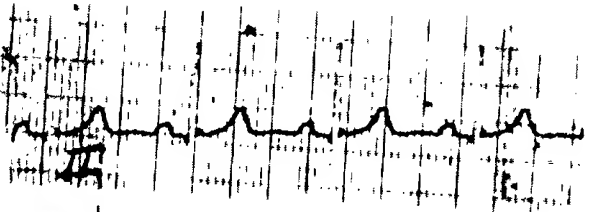
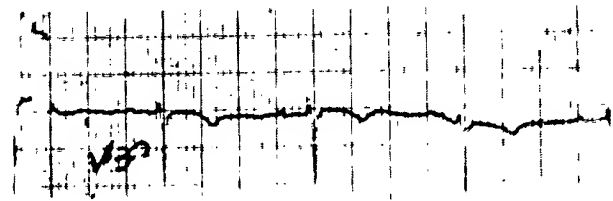
ELECTROCARDIOGRAPHIC RECORD

Standard Form 320

520-104

(Attach tracings to S F 507)

I CONDON J.F.
Q.1040 11/4/33



Name: CONDON, J.F.
EE

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
42	M	Cau	5'9"	175					11/23/62
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal Sinus						plus 70 degrees		AURIC.	VENT. 82
INTERVALS						P WAVES			
PR .18 QRS .08 QT .36						Normal			
QRS COMPLEXES									
Normal									
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within Normal Limits.

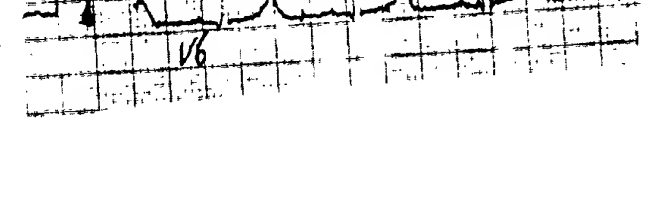
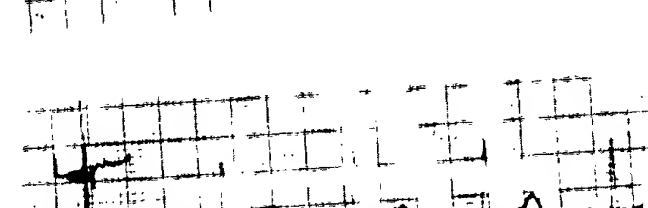
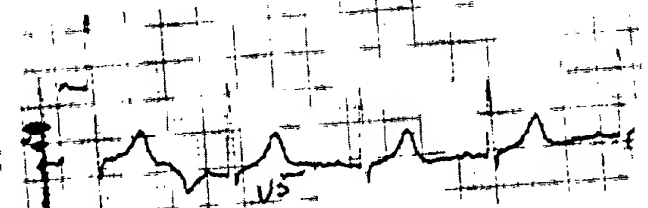
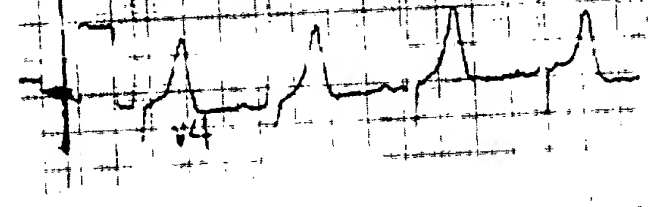
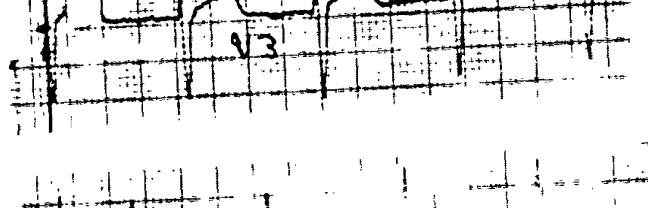
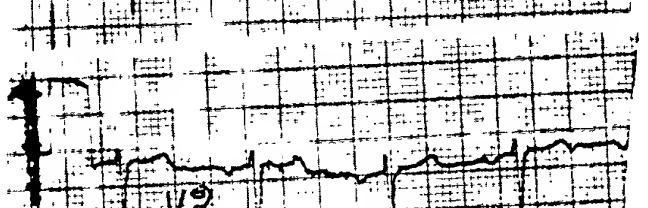
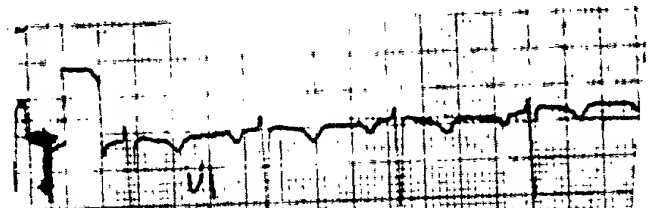
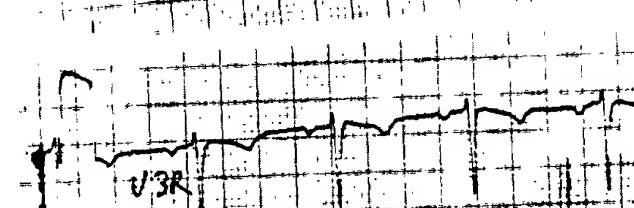
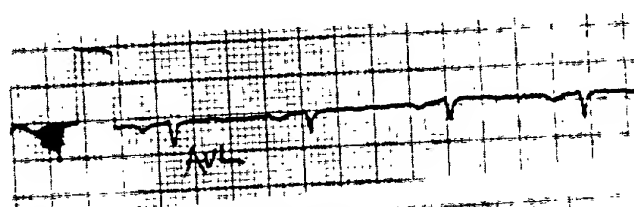
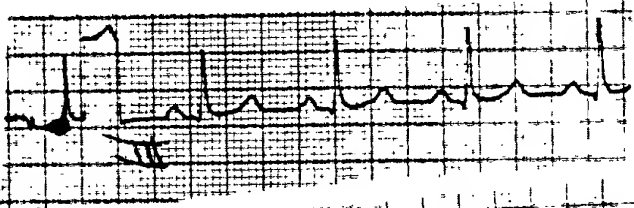
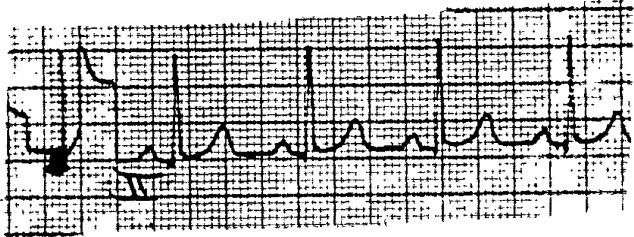
(Continue on reverse)

NO.		TITLE	b6	DATE
ECG 23987		LT (MC) USN	b7C	11/23/62
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.	WARD NO.

Condon, Joseph F FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

I
Cannon Joseph F. age 42
1/15/45 @ 1845



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
43	M		5-9	145					12/5/61 @ 1030
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						+45		AURIC. VENT. 85	
INTERVALS						P WAVES			
PR .16 QRS .08 QT .34						Normal			
QRS COMPLEXES									
small q in II III AVF									
RS-T SEGMENT						T WAVES			
Normal						Tall peaked V3 V5			
UNIPOLAR EXTREMITY LEADS (Specify)									

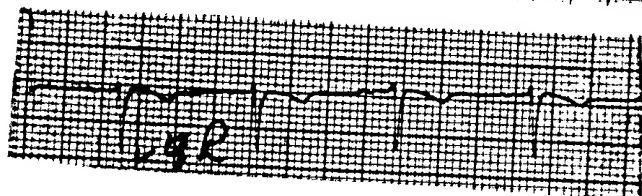
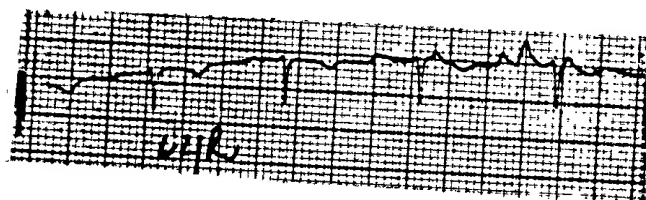
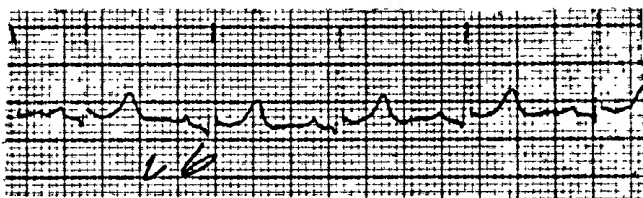
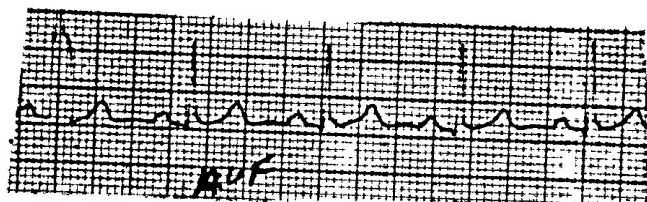
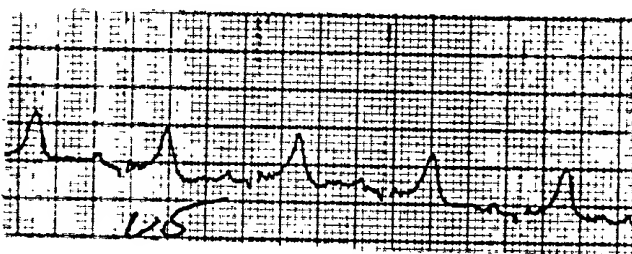
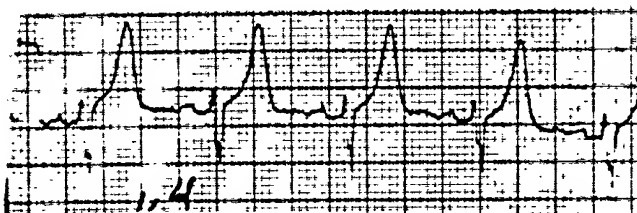
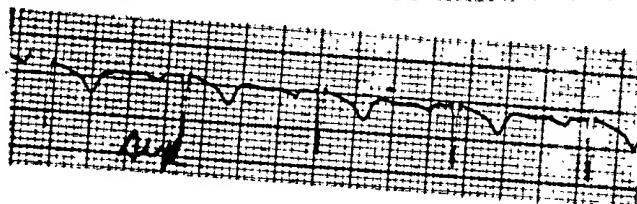
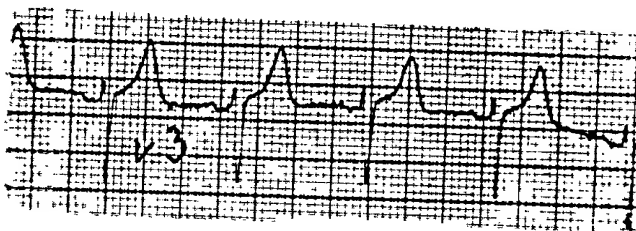
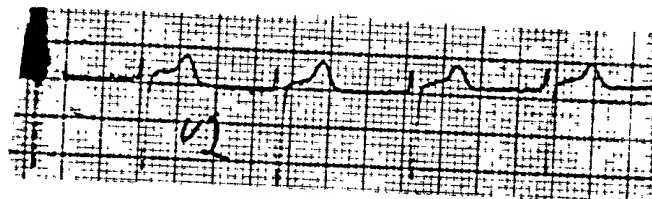
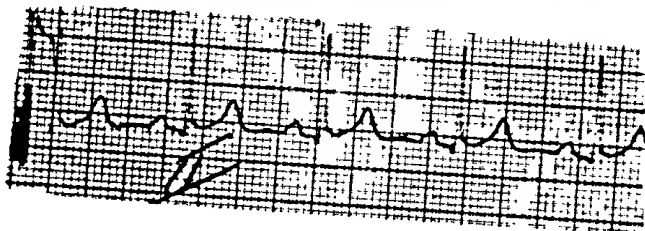
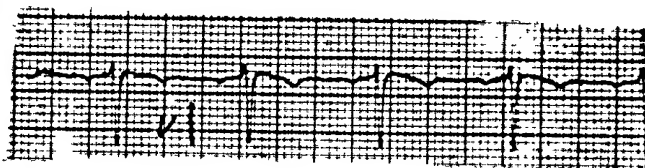
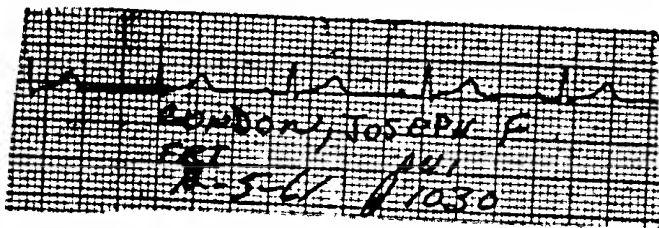
PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

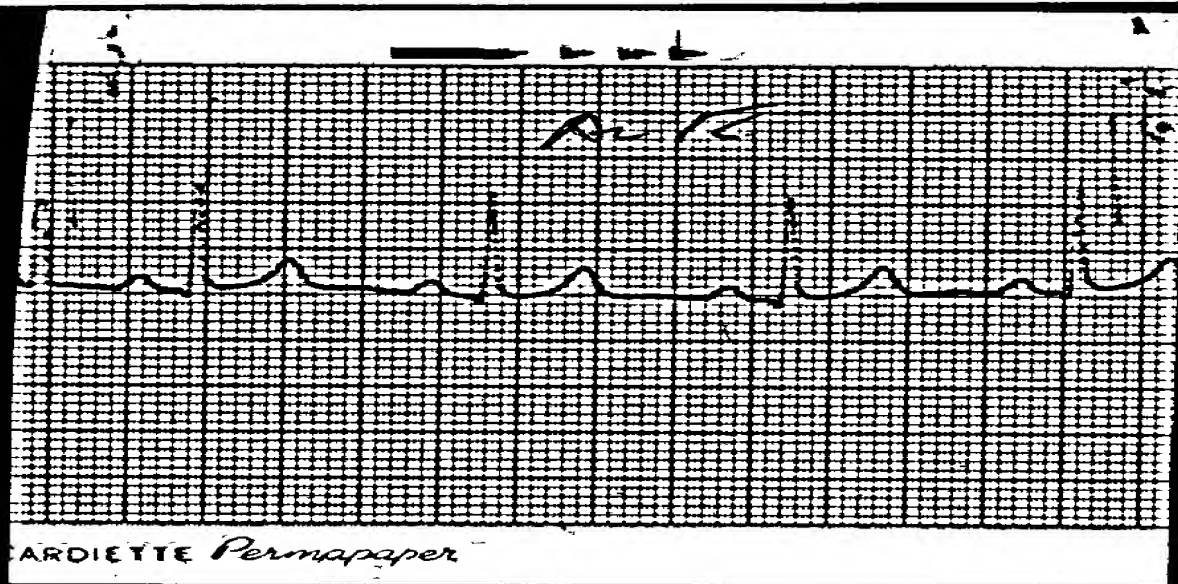
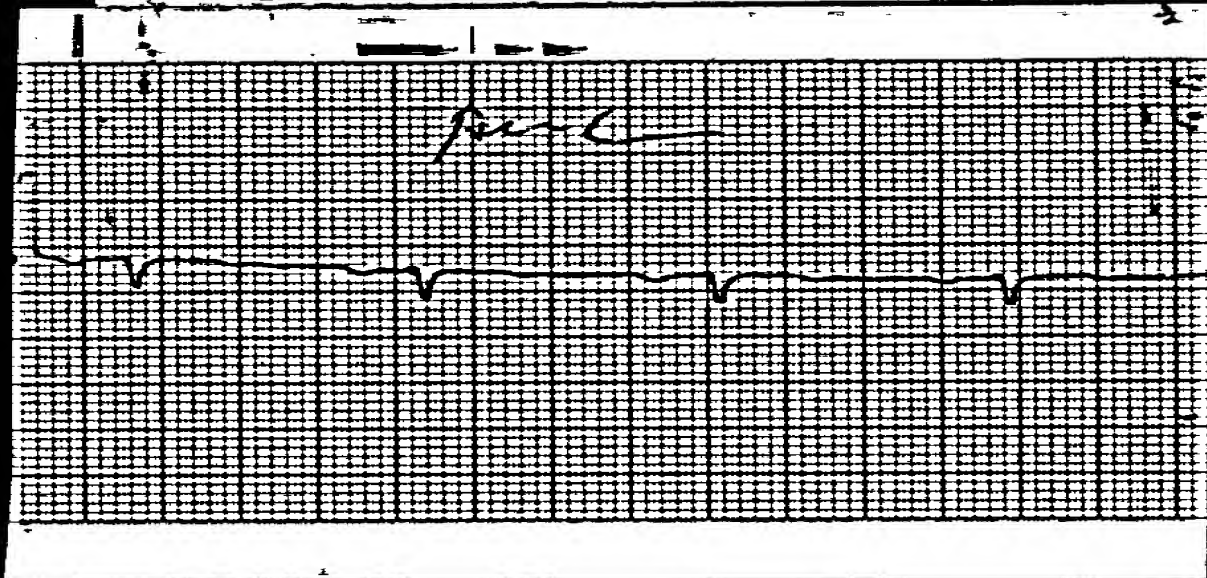
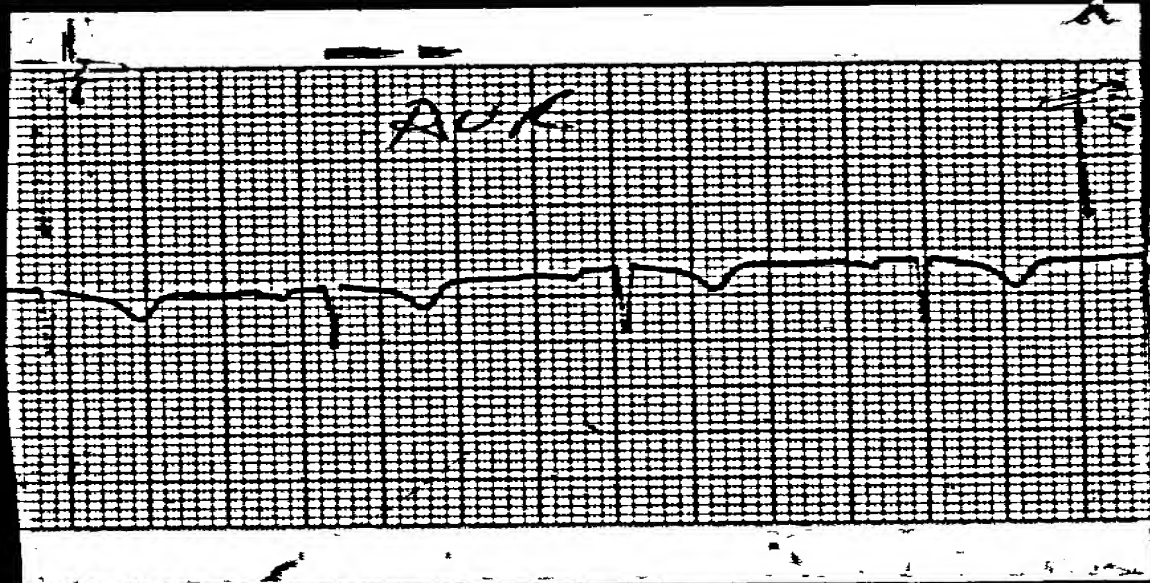
1. Within normal limits
2. No significant change since 1/16/61

(Continue on reverse)			
NO.	SIGNATURE	TITLE	DATE
ECG 23585		ICDR MC USN	12/8/61
PATIENT'S IDENTIFICATION (For file, last, first, middle, grade, date, hospital or medical facility)		REGISTER NO.	WARD NO.
CONDON JOSEPH F FBI USNH NIDIC BETHSEDA, MD			ST. CL.

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



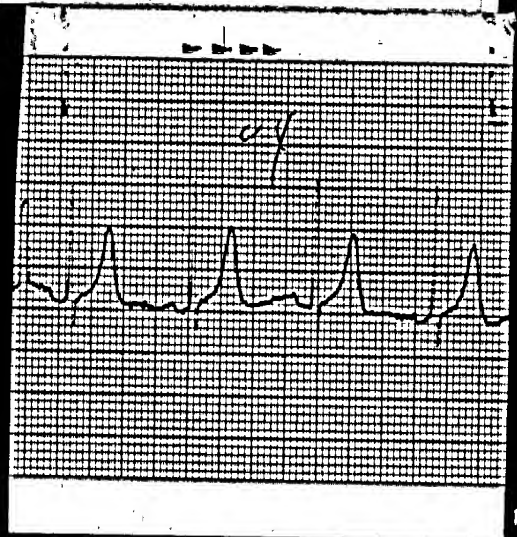
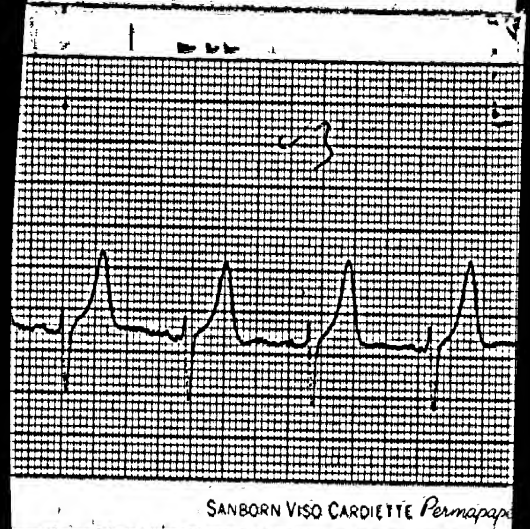
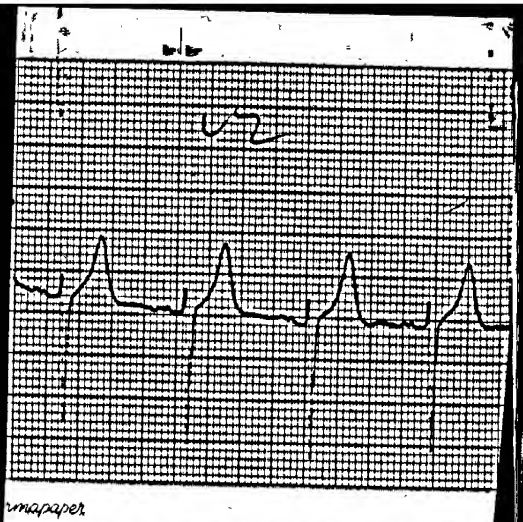
9-7-76
Carter, Hugh
FBI
1-16-76

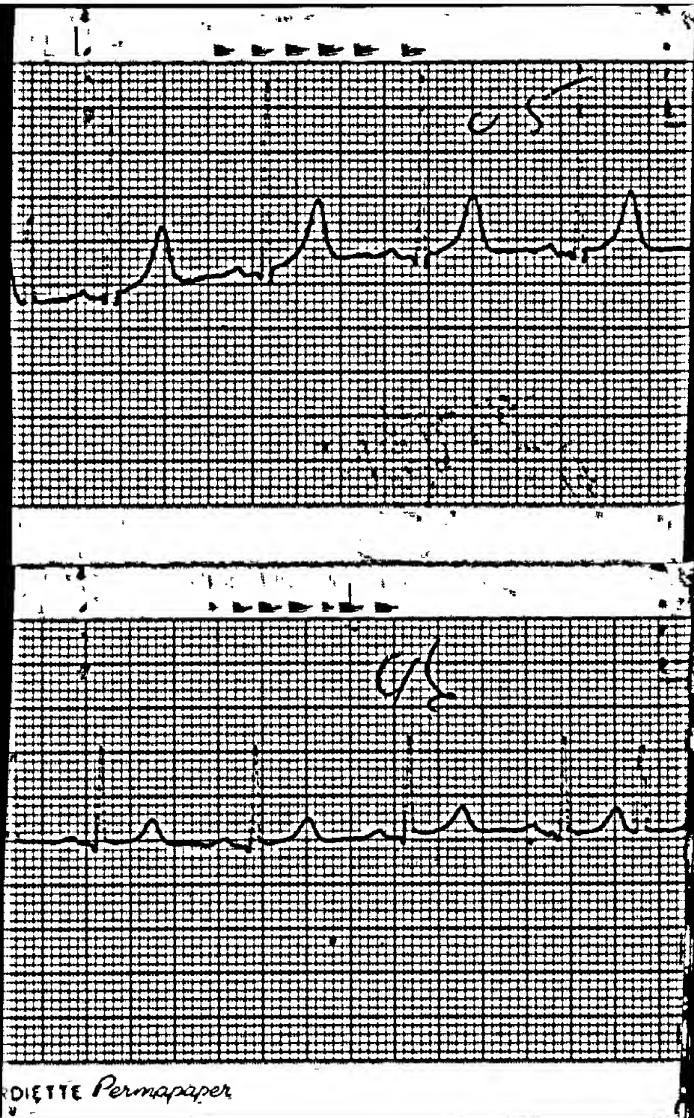


11/12

11/12

11/12





CLINICAL RECORD					ELECTROCARDIOGRAPHIC RECORD					PREVIOUS ECG	
CLINICAL IMPRESSION					MEDICATION					<input type="checkbox"/> YES <input type="checkbox"/> NO	
										<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 40	SEX M	RACE	HEIGHT 5'	WEIGHT 190	B. P.	SIGNATURE OF WARD PHYSICIAN <div style="text-align: right;">Dr. Johnston 1/16/61 @ 1100</div>				DATE	
RHYTHM Normal Sinus						AXIS DEVIATION (QRS) plus 45			RATES AURIC. VENT. 80		
INTERVALS PR .16 QRS .08 QT .38						P WAVES Normal					
QRS COMPLEXES Normal											
RS-T SEGMENT Normal						T WAVES Normal					
UNIPOLAR EXTREMITY LEADS (Specify)											
PRECORDIAL LEADS (Specify)											

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits

b6
b7c

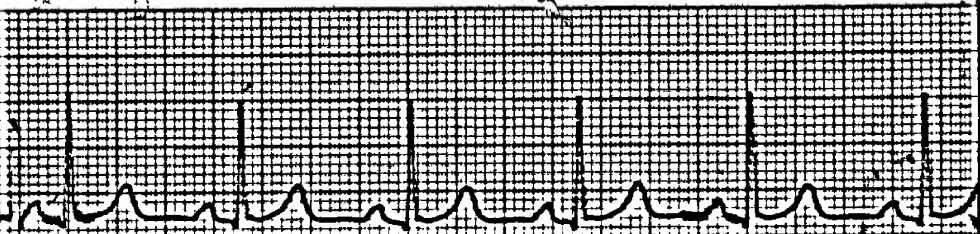
NO.		(continue on reverse)							
ECG 23985		[Redacted]		TITLE LCDR MC USN		DATE 1/17/61			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) CONDON JOSEPH F FBI USNH NNMC BETHSEDA, MD						REGISTER NO.		WARD NO. St. Cl.	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

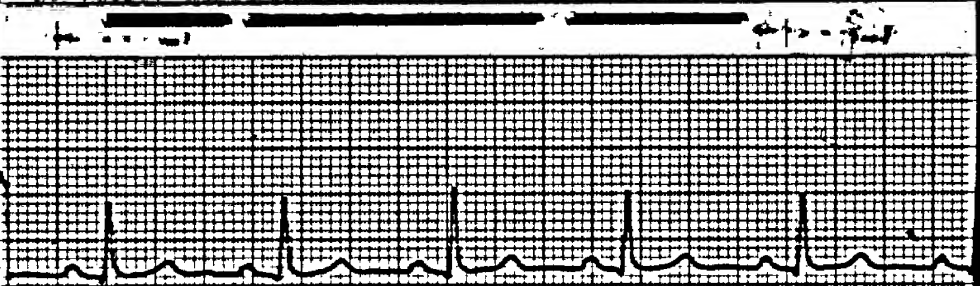


I - CONDON, SEYMOUR F.
FBI - 3945 - Clinic
7-19-60 @ 11:00
JW

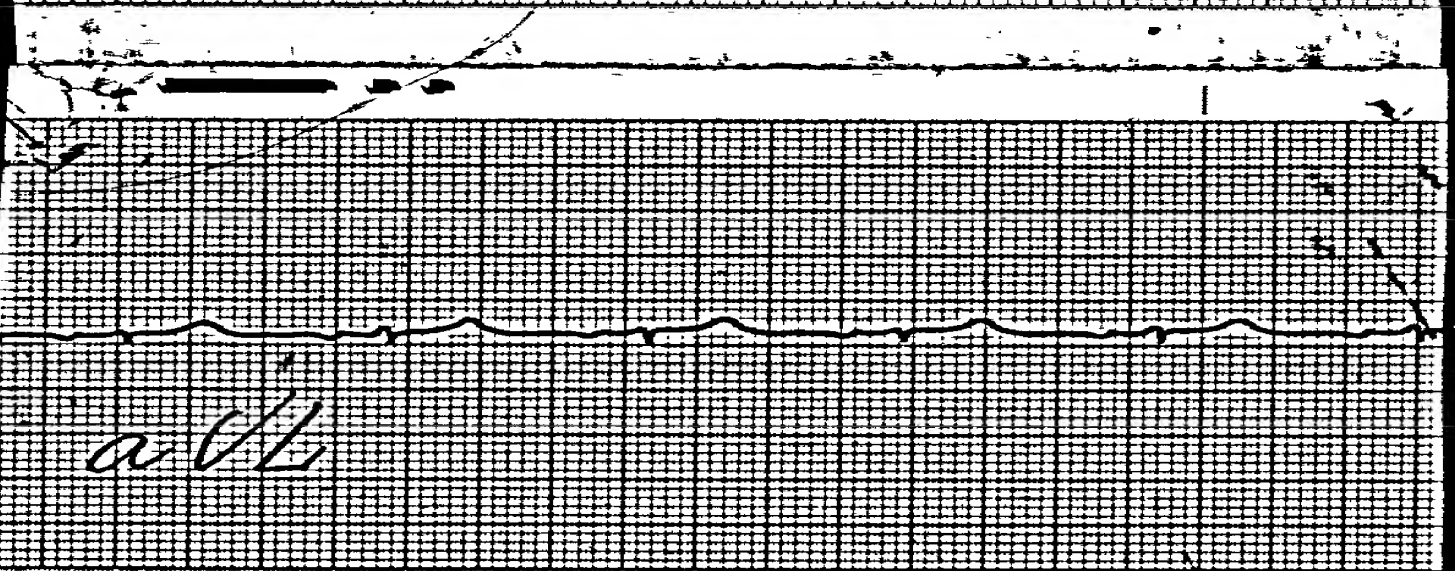
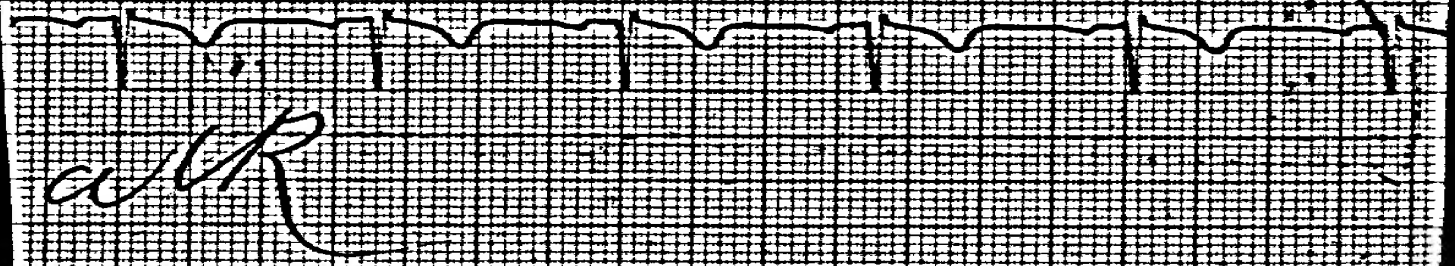
SANBORN VISO CARD



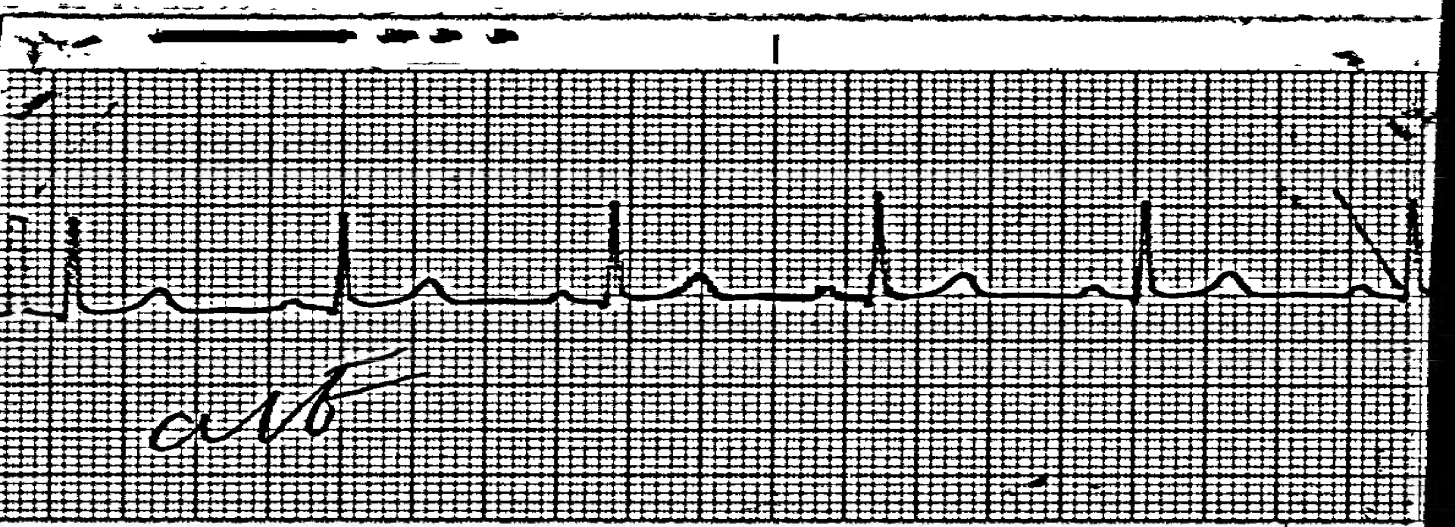
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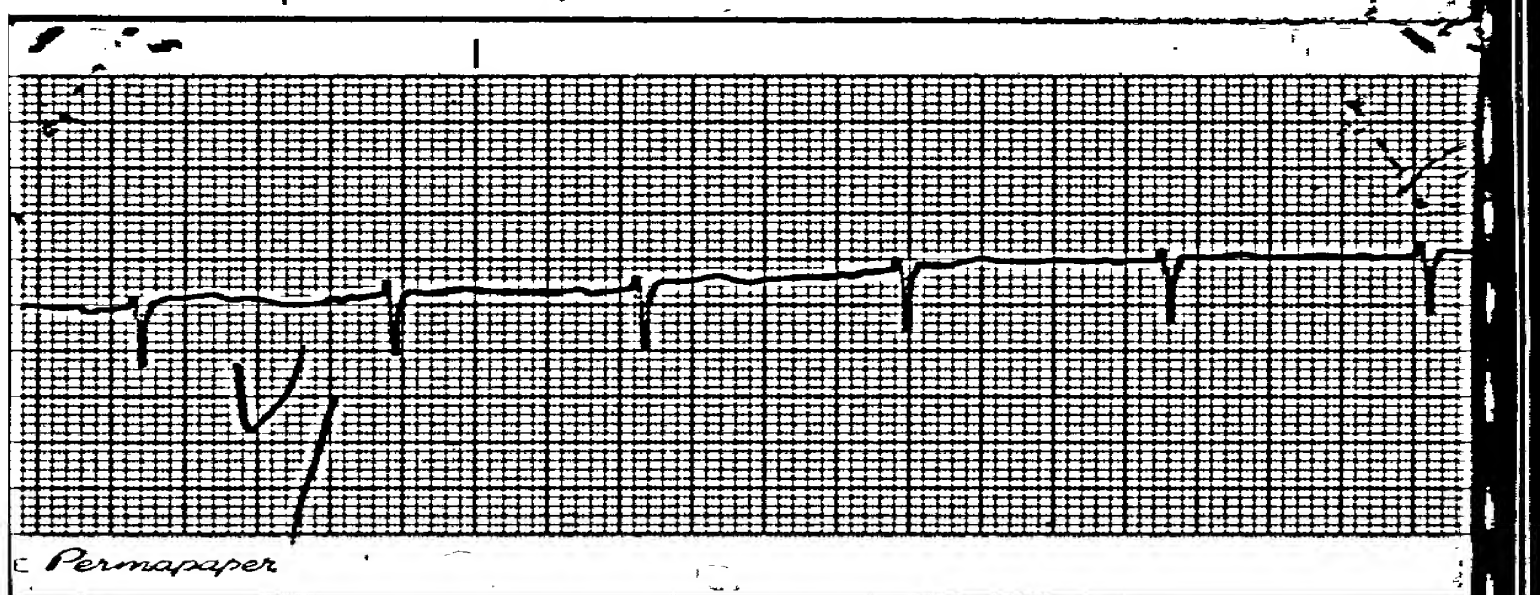
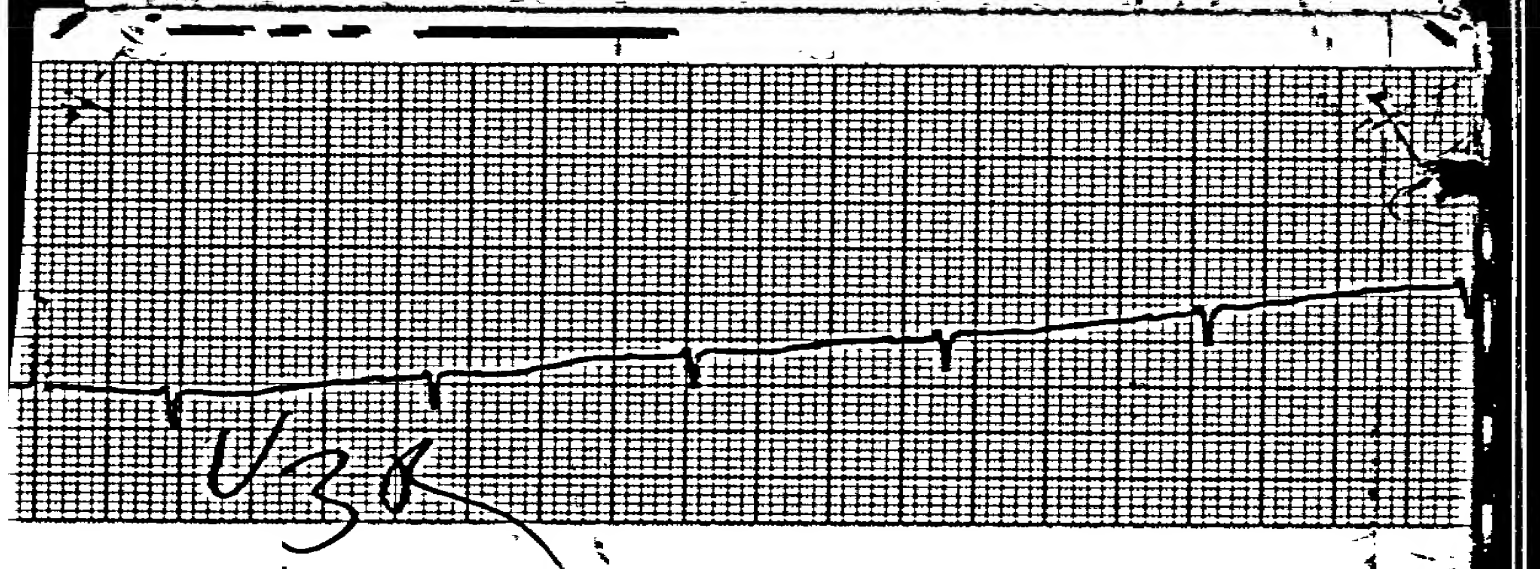
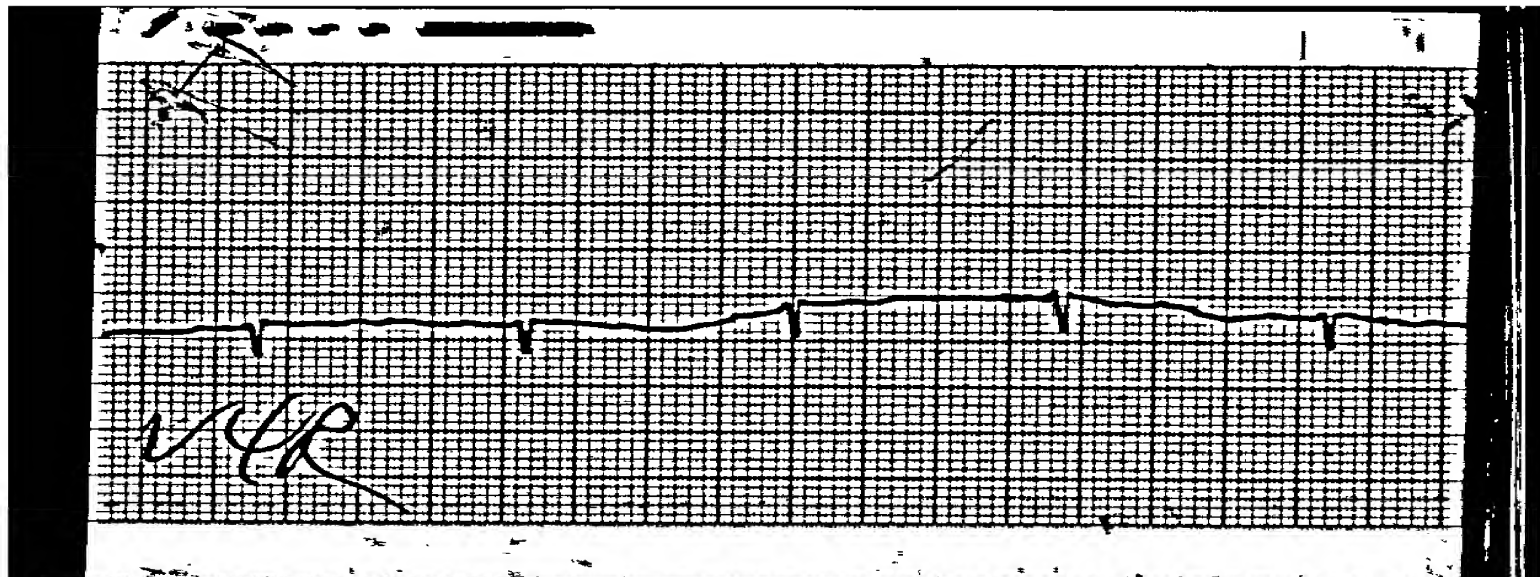
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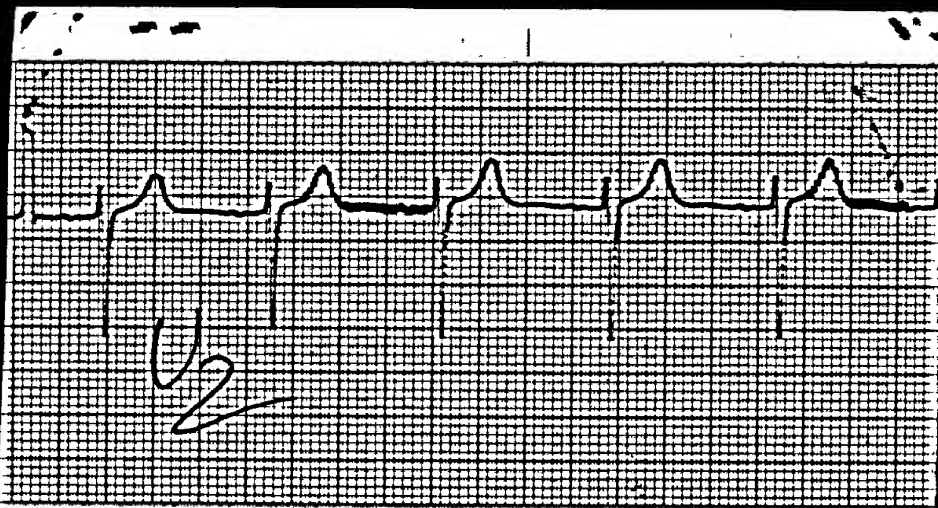


SANBORN VISO CARDIETTE *Permapaper*

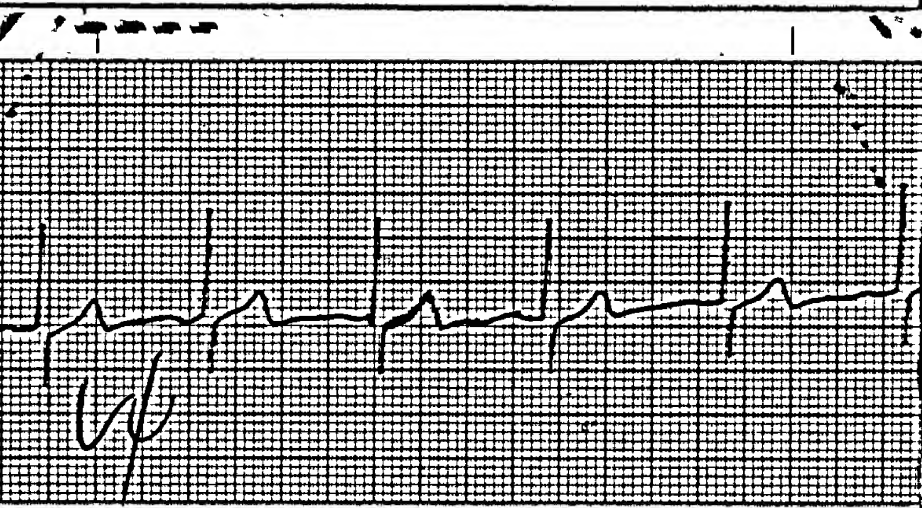
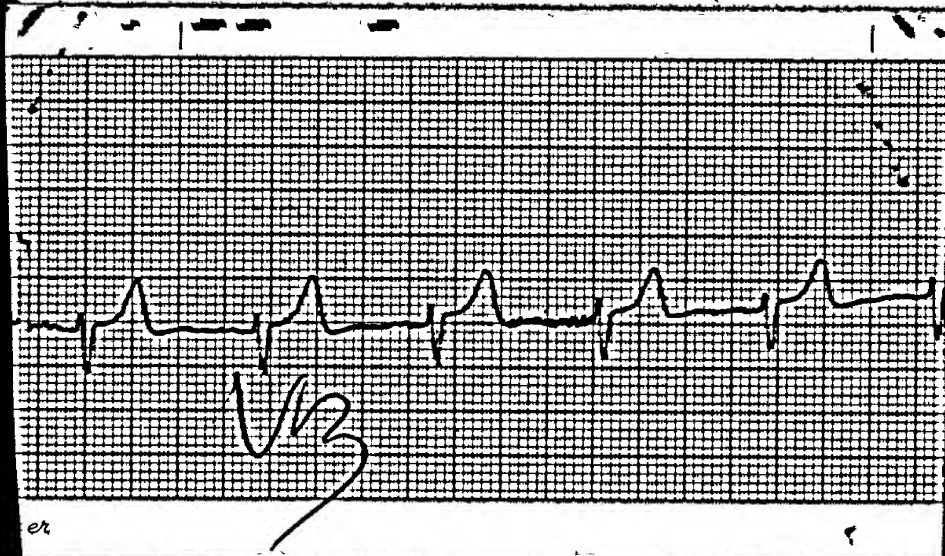


ORN VISO CARDIETTE *Permapaper*

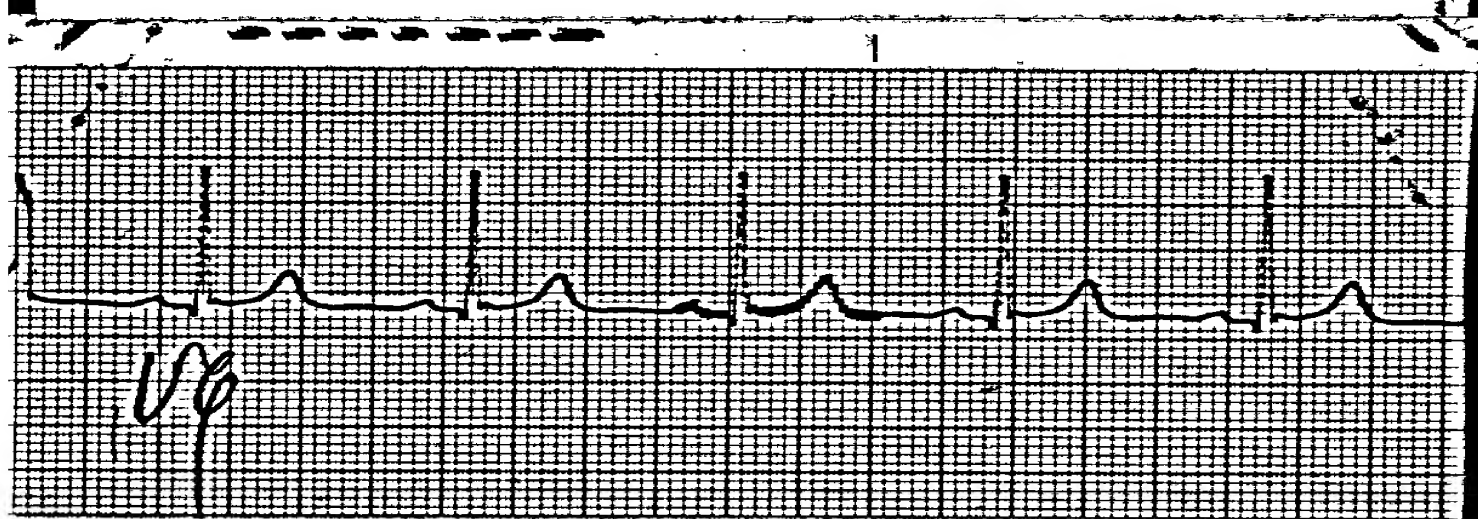
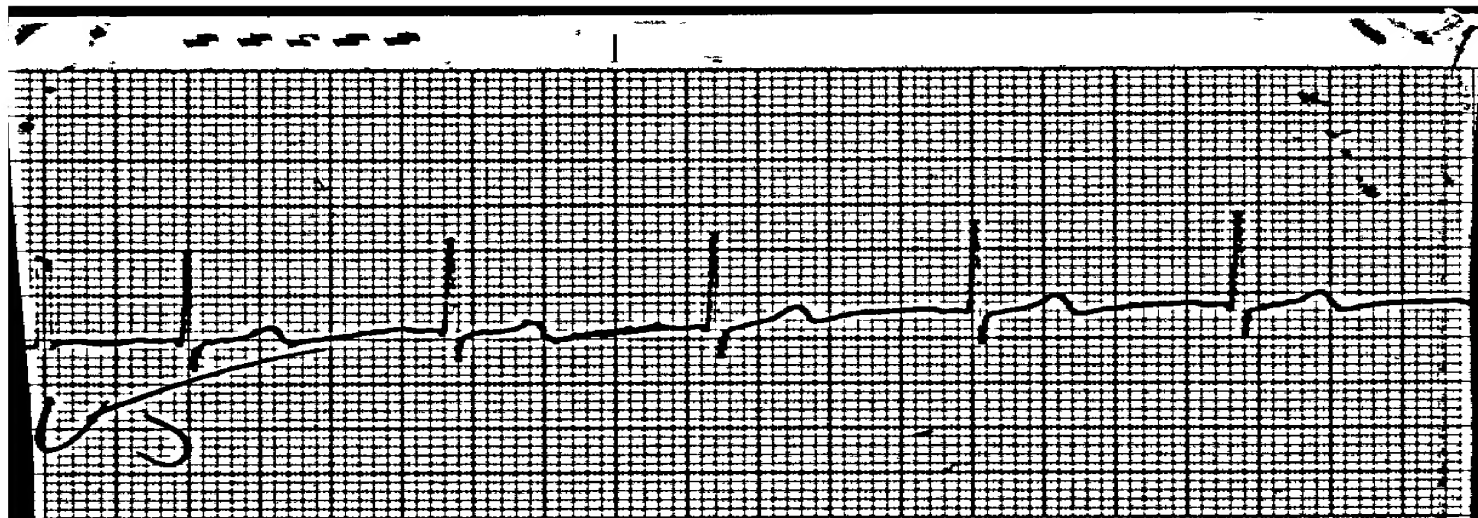




SANBORN VISO CARDIETTE



SANBORN VISO CARDIETTE Permapaper



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
39						Dr. Johnston			1-19-60 @ 1100
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus rhythm						60		AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .18 QRS .08 QT						Normal			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

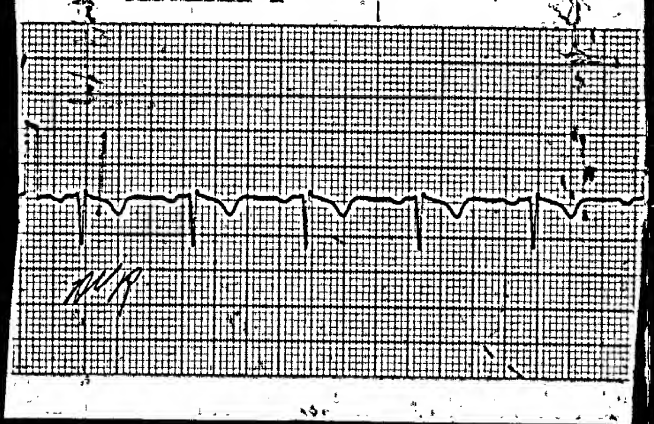
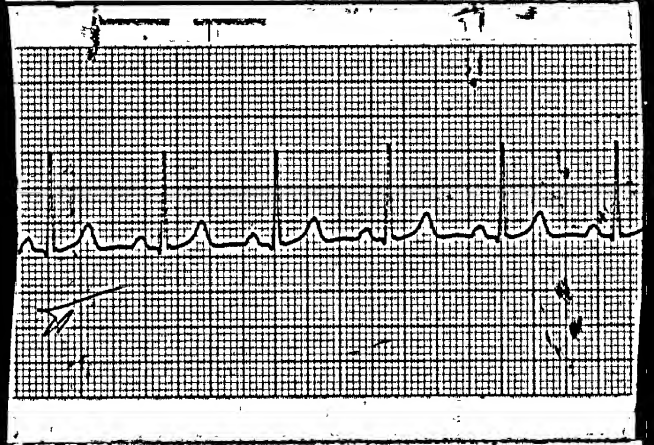
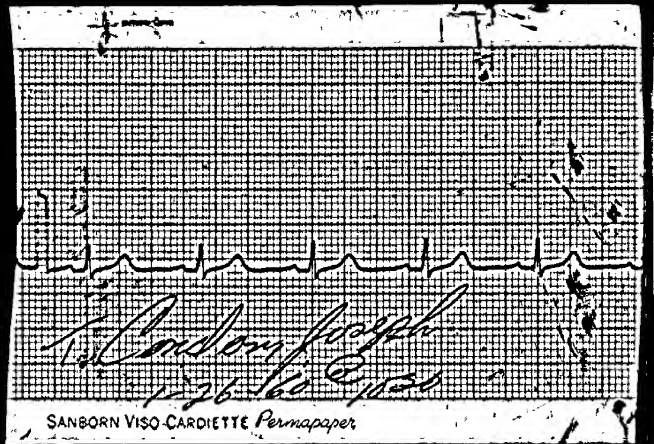
- 1 Slight terminal inversion of T wave in precordial leads since 2-9-59
- 2 Suggest repeat tracing

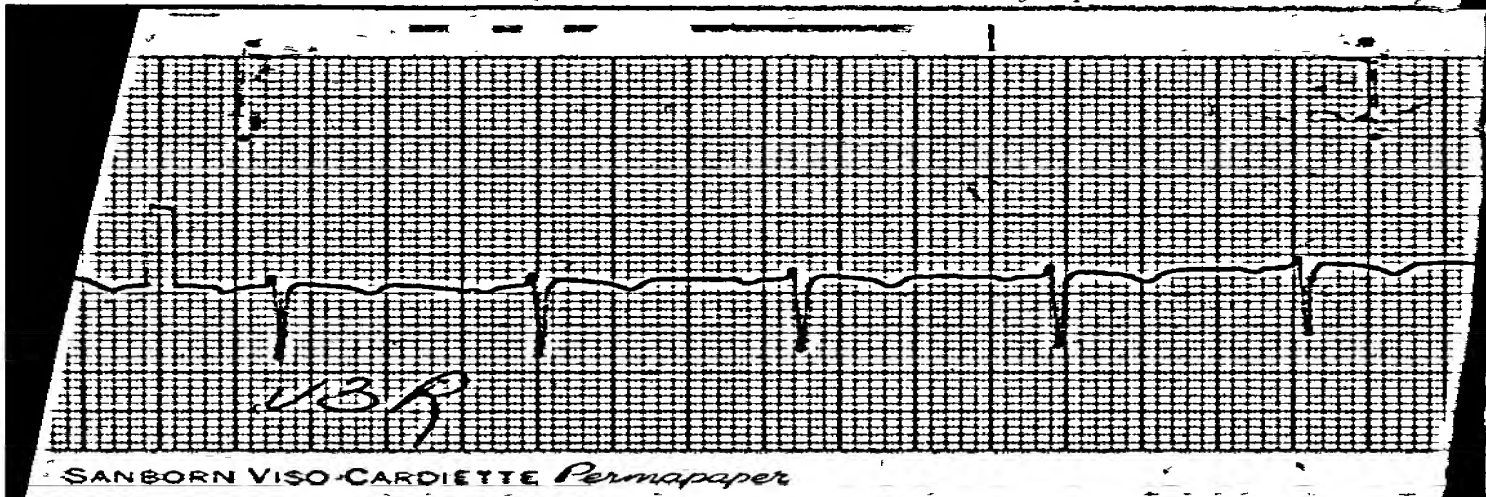
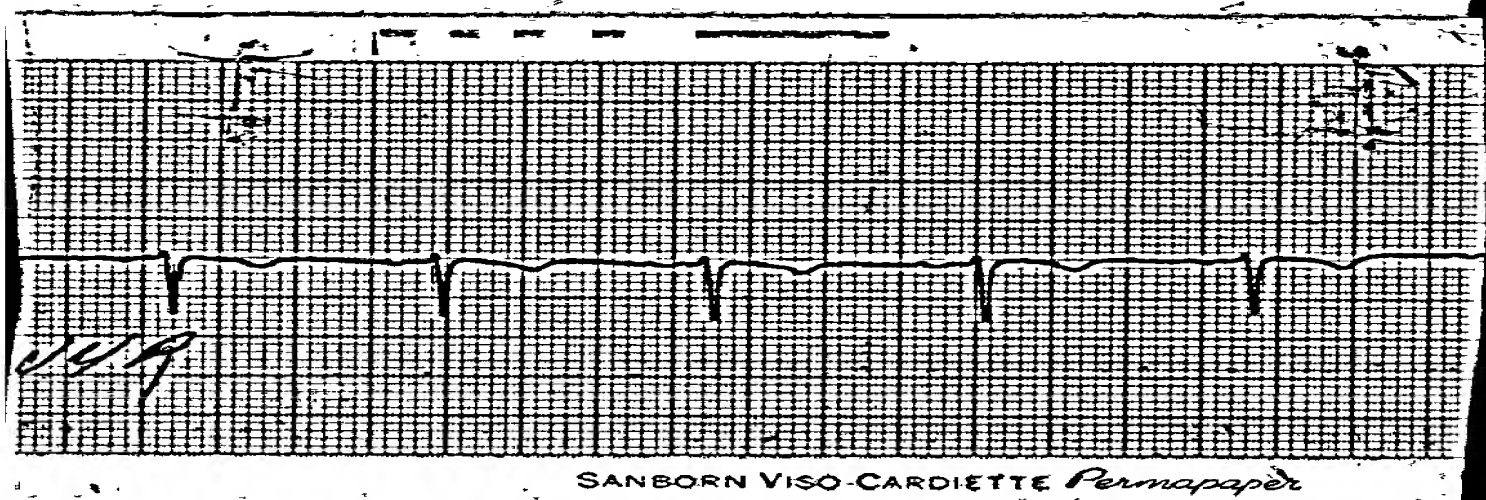
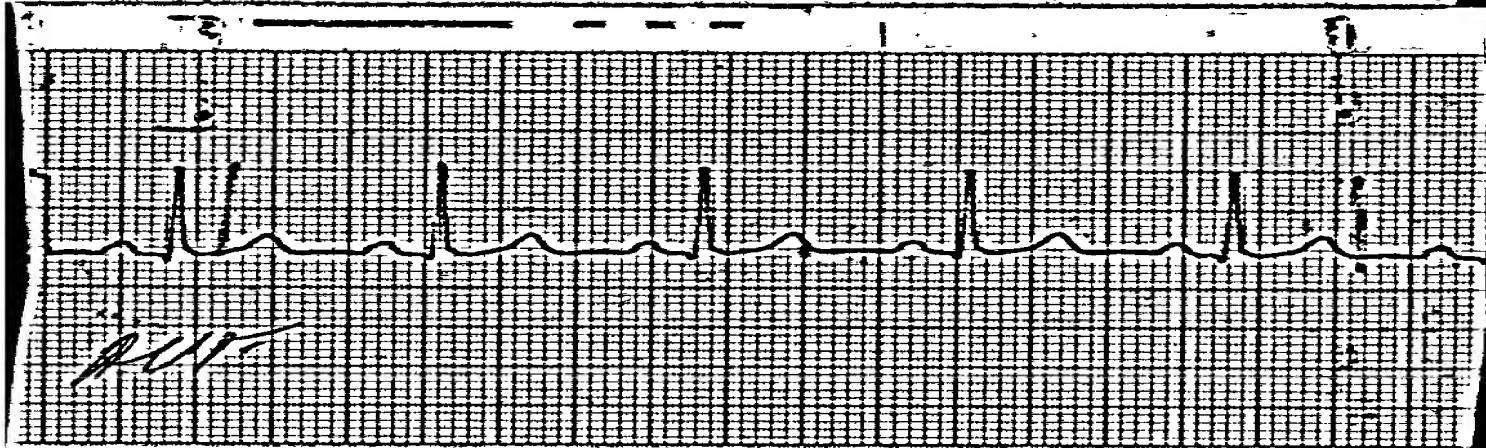
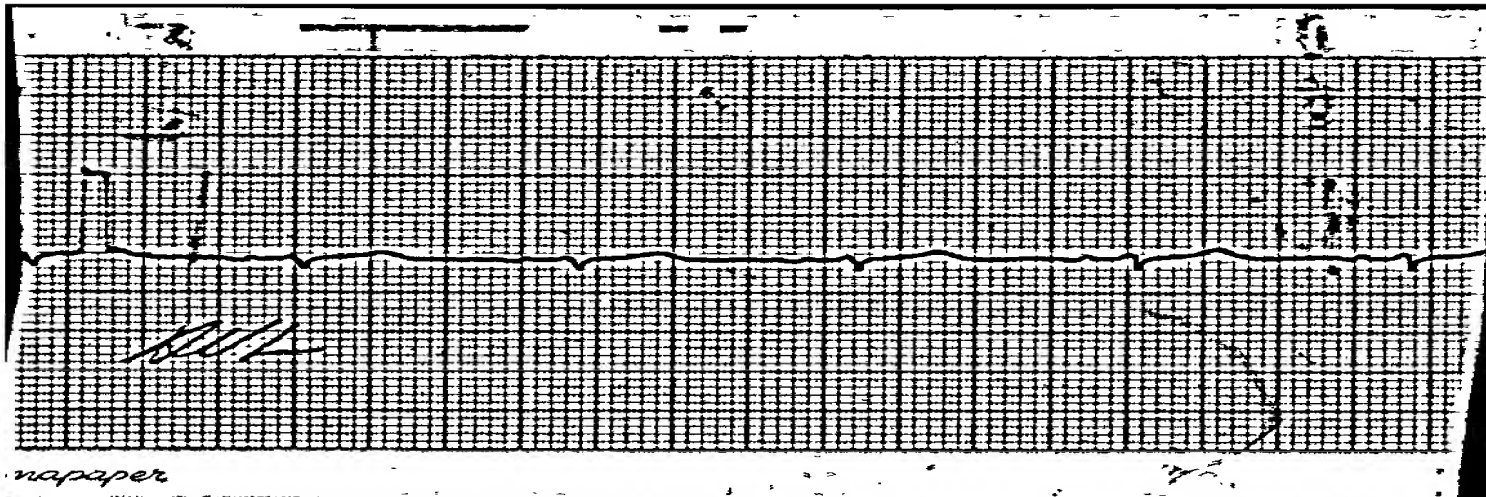
(Continue on reverse)			
NO.	SIGNATURE	TITLE	DATE
ECG 23585		LT MC USN	1-20-60
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			Staff Clinic

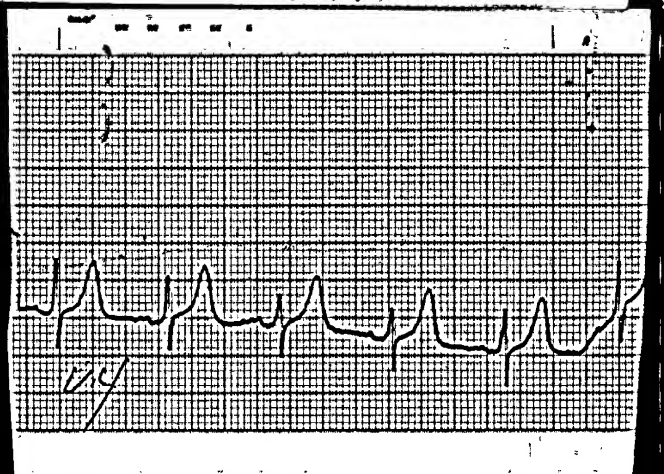
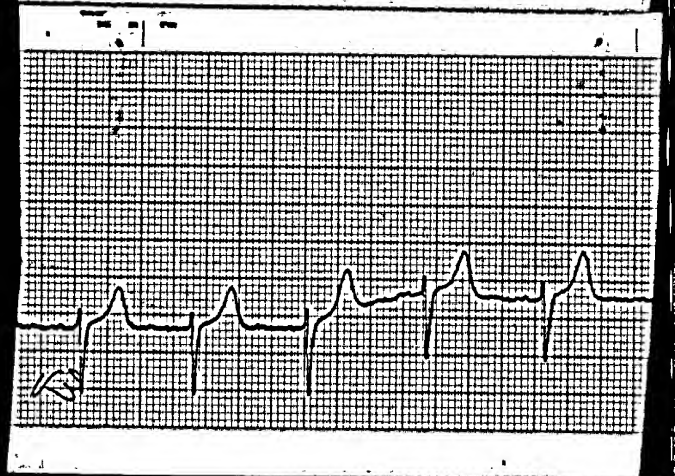
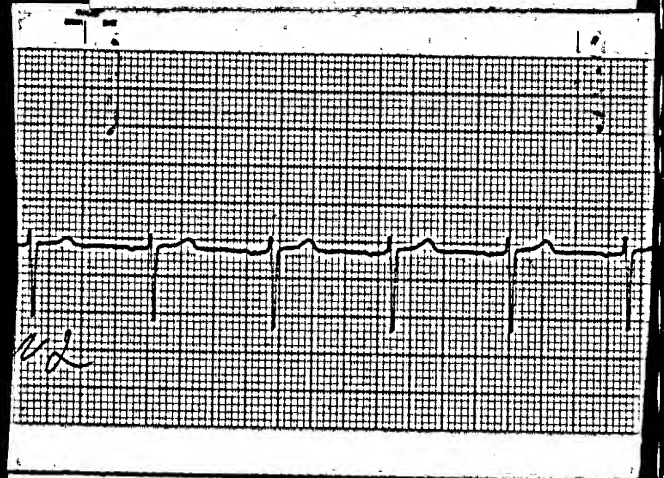
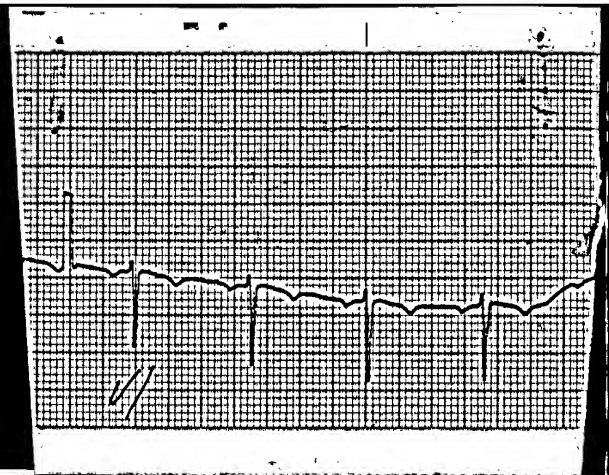
CONDON Joseph FBI
NNMC USNH Bethesda Md

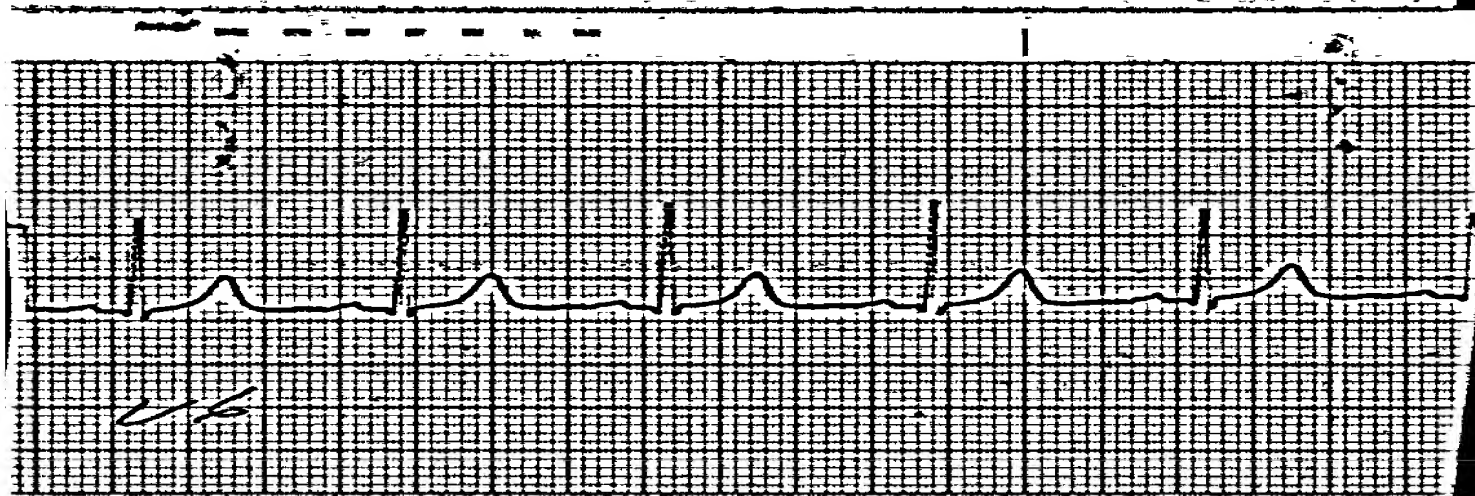
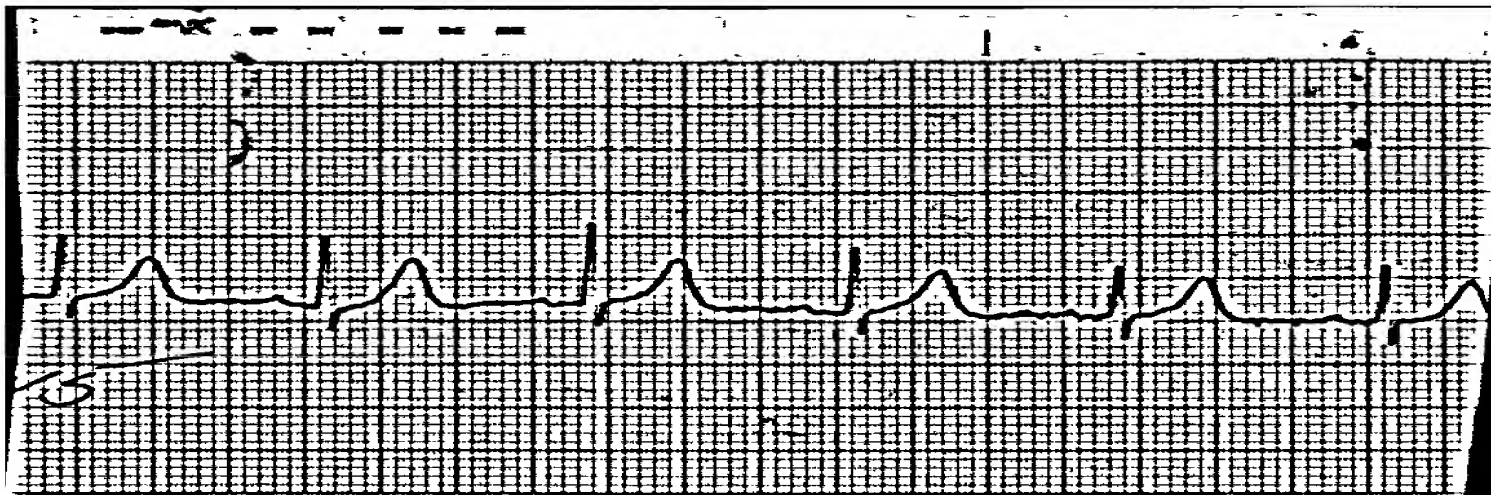
b6
b7C

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)









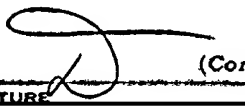
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CLINICAL IMPRESSION						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE	
39	M		69	150		Dr Johnston						1-26-60 @ 1030	
RHYTHM						AXIS DEVIATION (QRS)						RATES	
Normal sinus rhythm												AURIC. VENT. 82	
INTERVALS						P WAVES							
PR .14 QRS QT						Normal							
QRS COMPLEXES													
.08													
RS-T SEGMENT						T WAVES							
Normal						Normal							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1 Since the tracing of 1-19-60 the T wave has inverted to normal. The tracing is considered to be within normal limits.

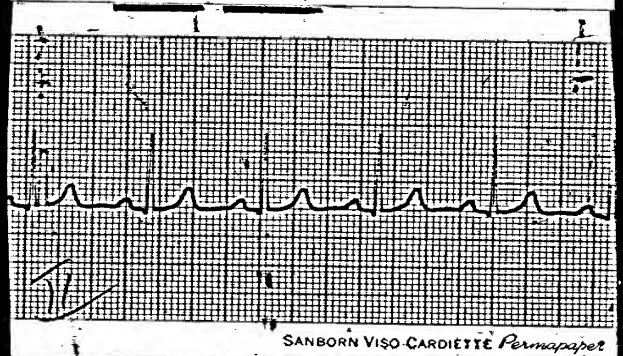
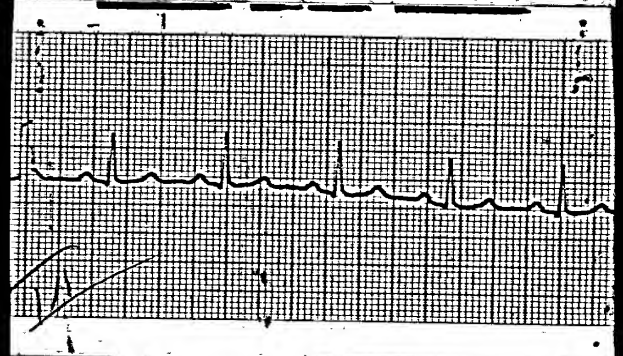
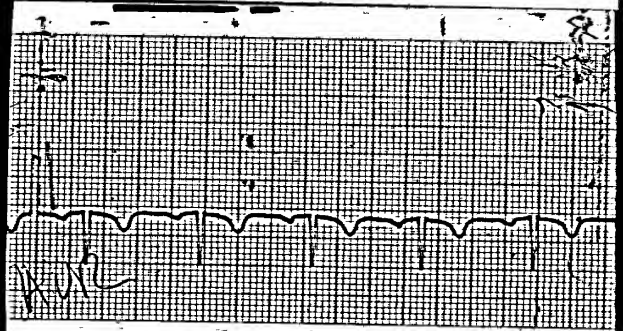
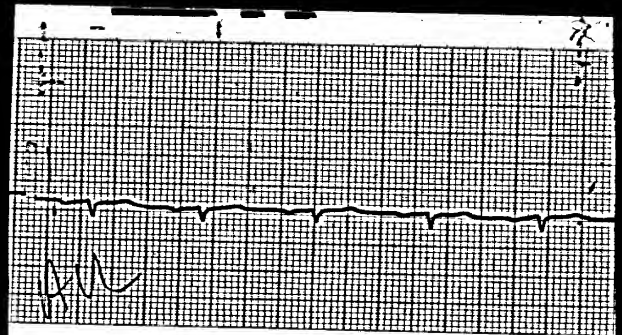
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NO.		SIGNATURE		TITLE		DATE	
ECG 23585				LCDR MC UBN		1-26-60	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.	
						WARD NO.	
						Staff Clinic	

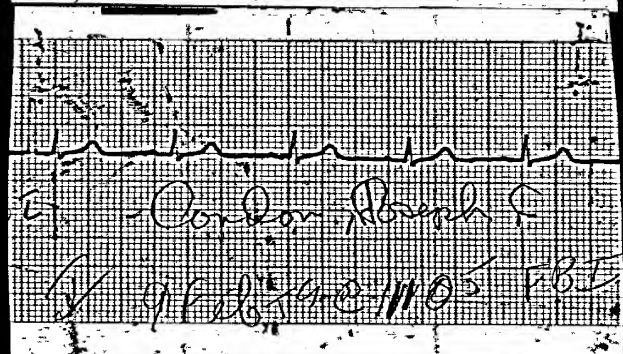
Condon, Joseph FBI
NNMC USNH Bethesda Md

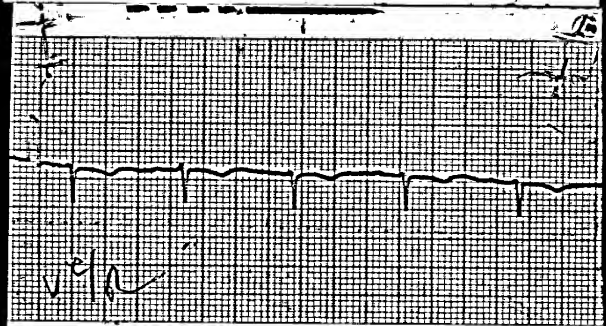
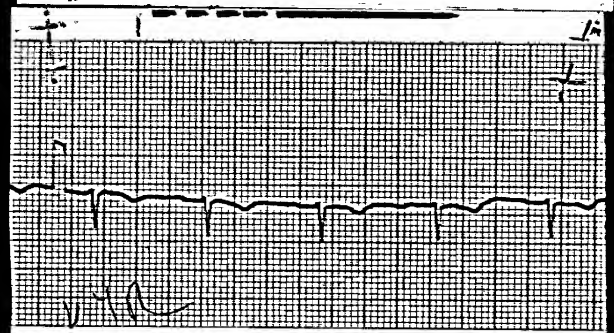
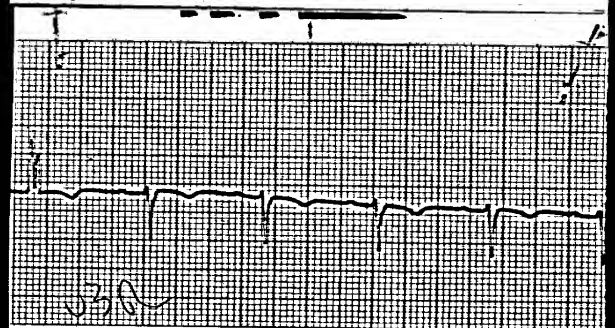
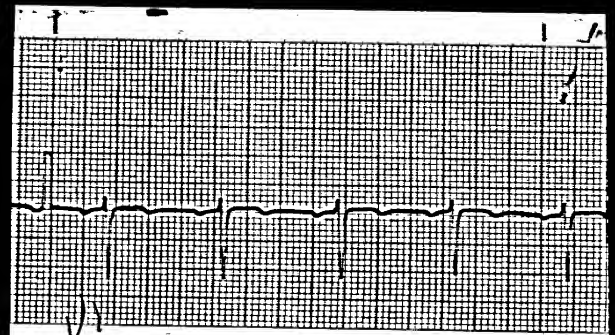
b6
b7C

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

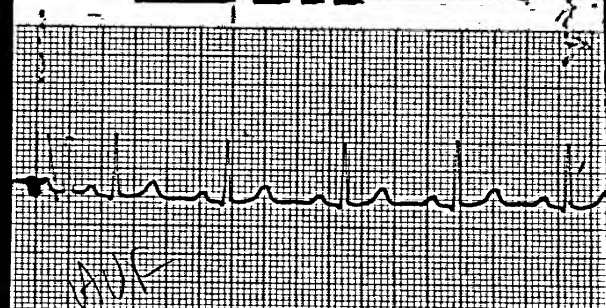


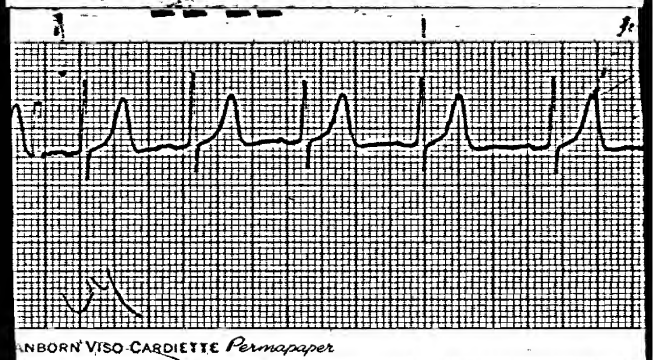
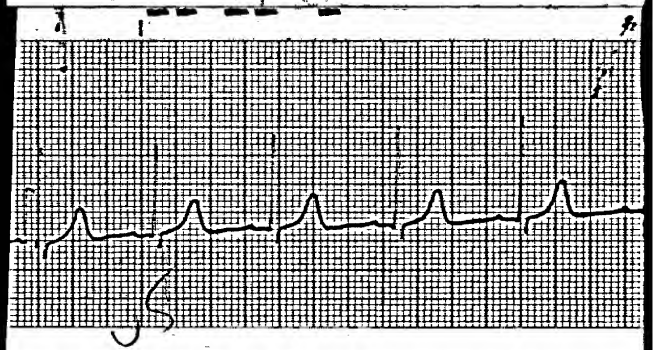
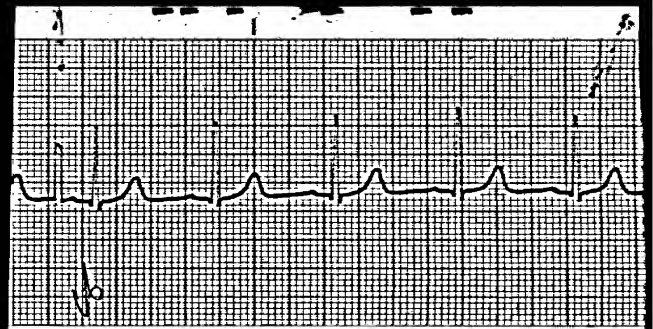
SANBORN VISO CARDIETTE Permapaper



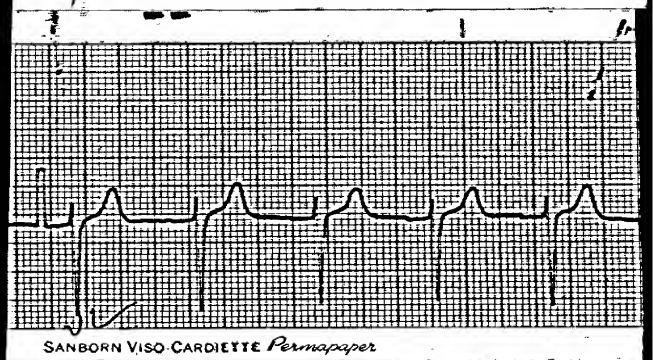
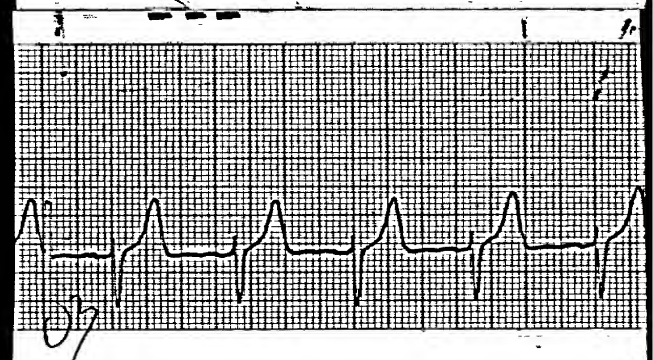


SANBORN VISO CARDIETTE





SANBORN VISO-CARDIETTE Permapaper



SANBORN VISO-CARDIETTE Permapaper

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
38	M		69"	140		DR. JOHNSTON		2-9-59 1105	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						+70°		AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .16 QRS .06 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

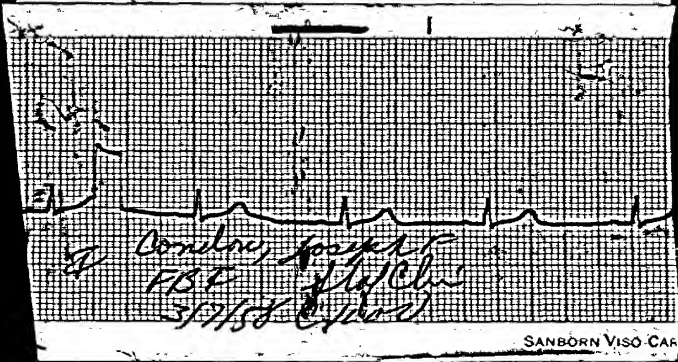
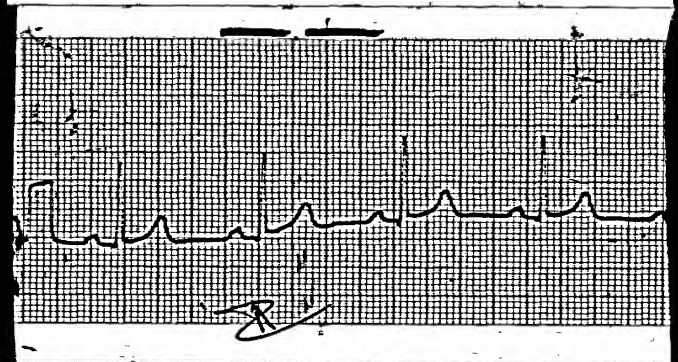
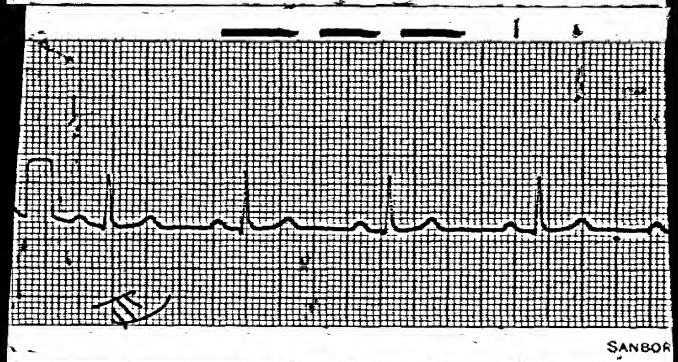
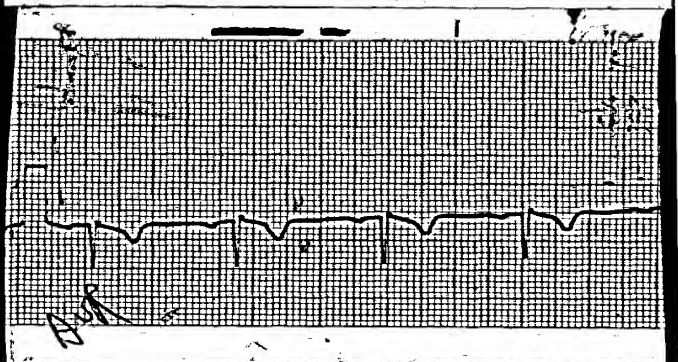
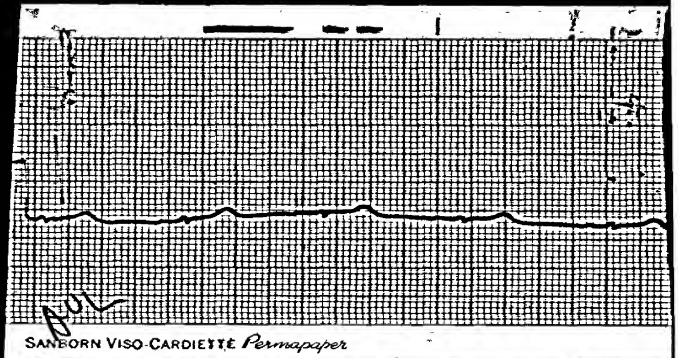
1. Within normal limits.
2. No significant change since 3-7-58.

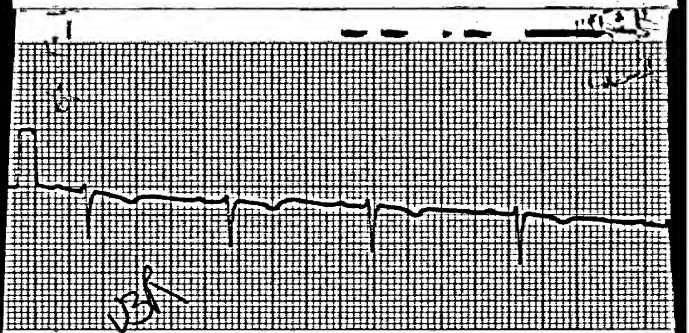
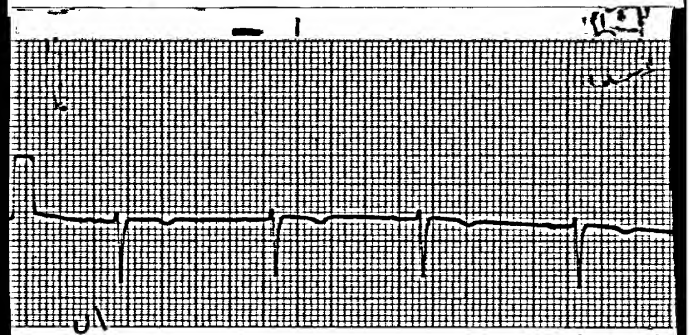
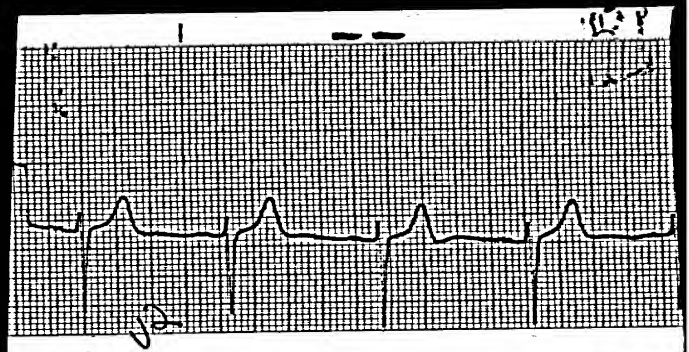
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NO.	SIGNATURE	TITLE	DATE
ECG 23585	F. S. CALDWELL	LT MC USN	2-9-59
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
CONDON, JOSEPH F. FBI			STAFF CLINIC

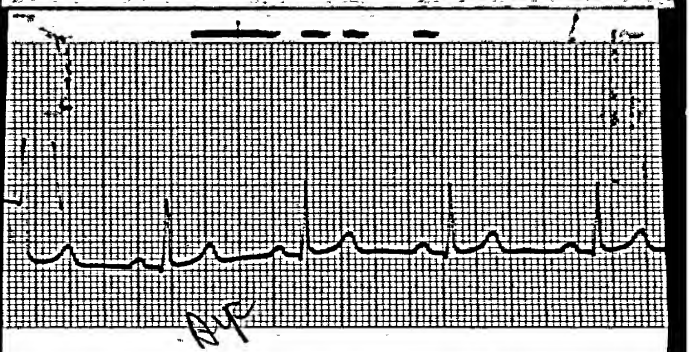
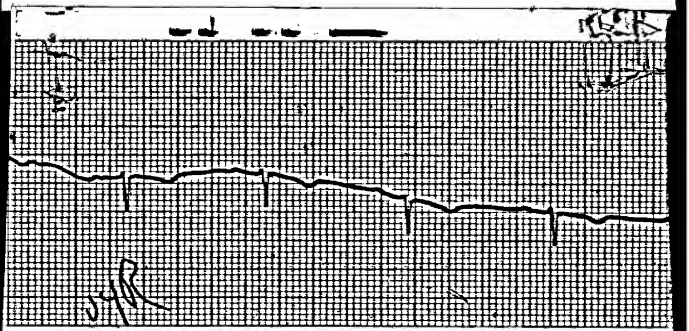
USNH NMMC BETHESDA MD.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

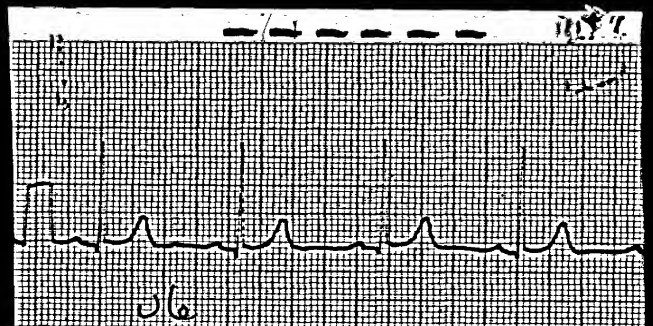
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



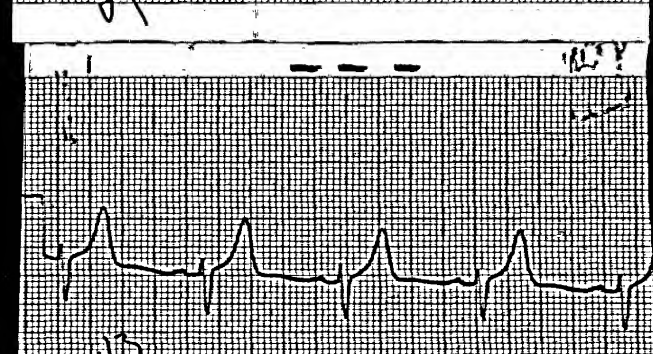
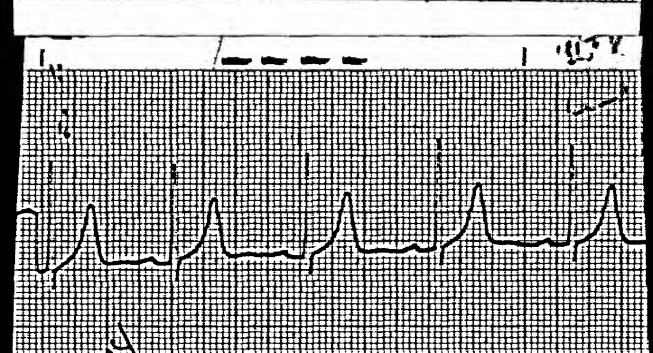
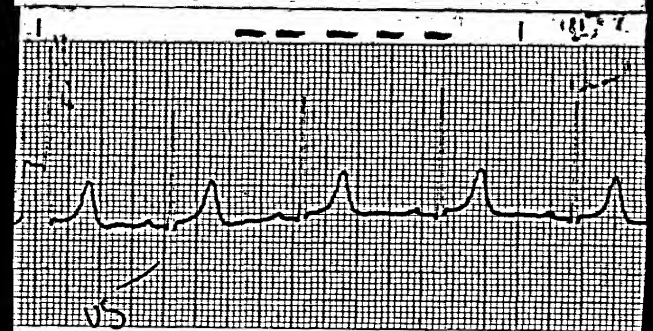


SANBORN VISO-CARDIETTE Permapaper





CARDIETTE Permapaper



SANBORN VISO-CARDIETTE Permapaper

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
37	M		70	150		DR. JOHNSTON			3/7/58@1100
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						Plus 60°		AURIC. VENT. 70	
INTERVALS						P WAVES			
PR .20 QRS .06 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 3/12/57.

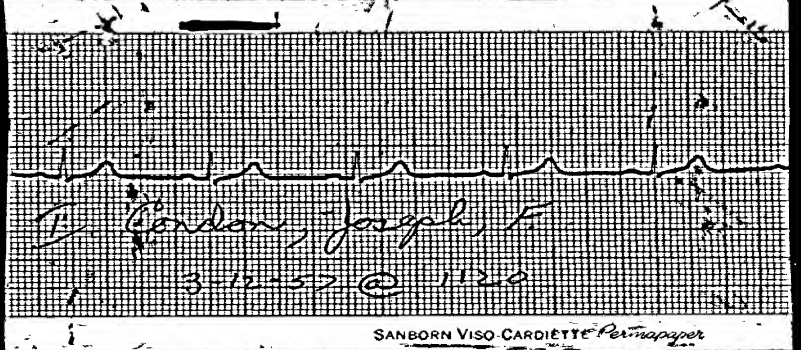
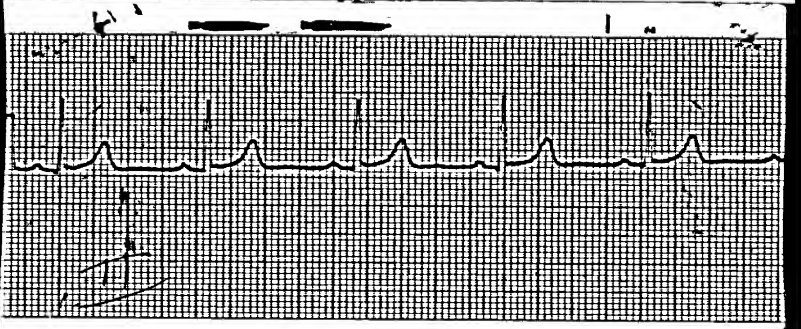
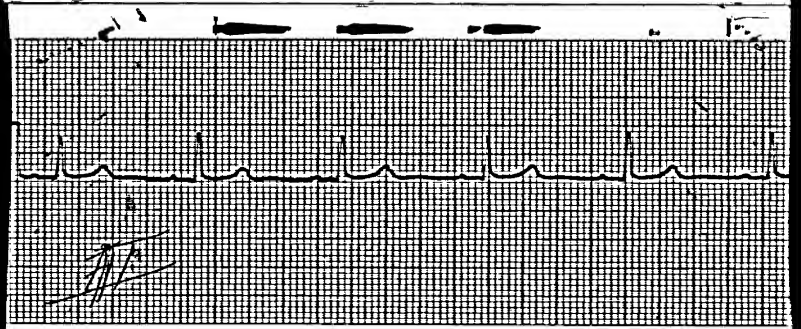
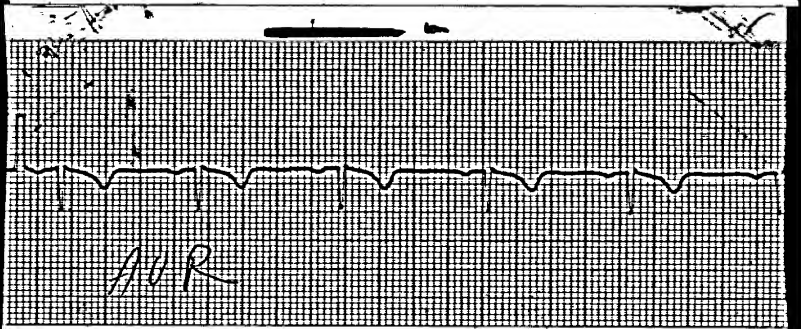
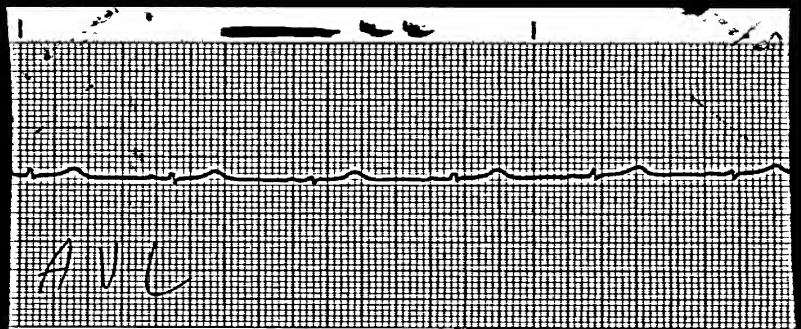
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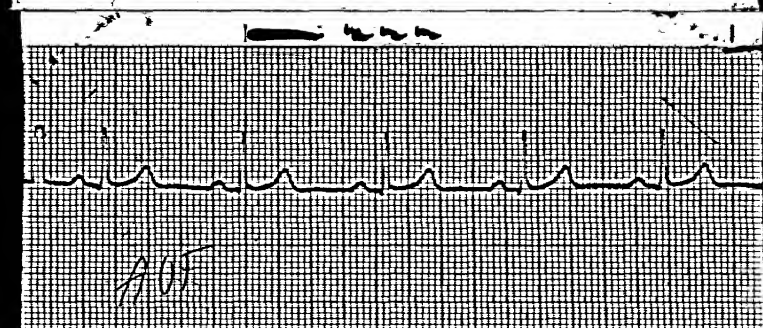
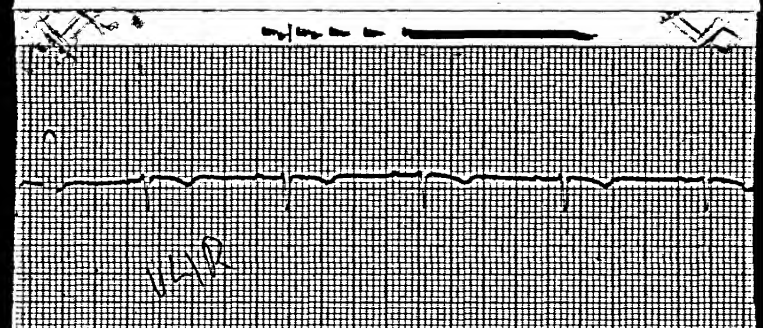
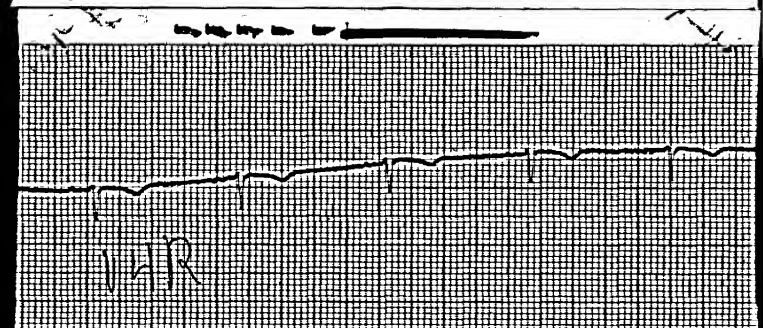
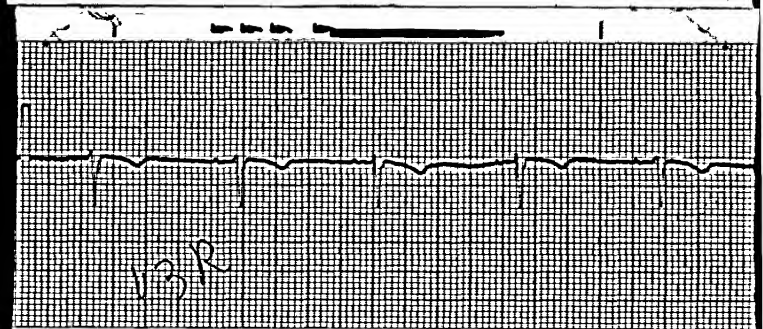
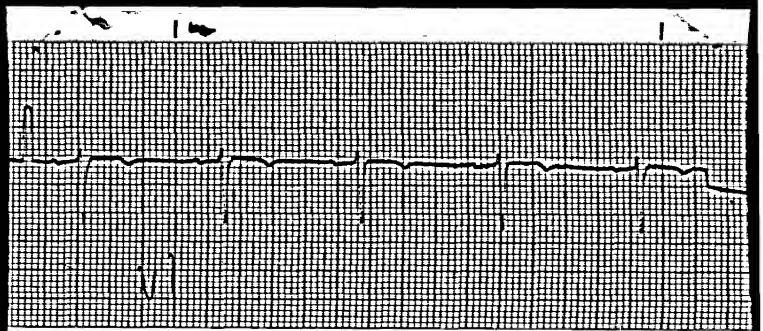
NO.	SIGNATURE	TITLE	DATE
ECG 23585	A. MIALE/rle <i>Am</i>	LT MC USN	3/12/58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
CONDON JOSEPH FRANCIS FBI NNMC USNH BETHESDA, MD.			Staff Clinic

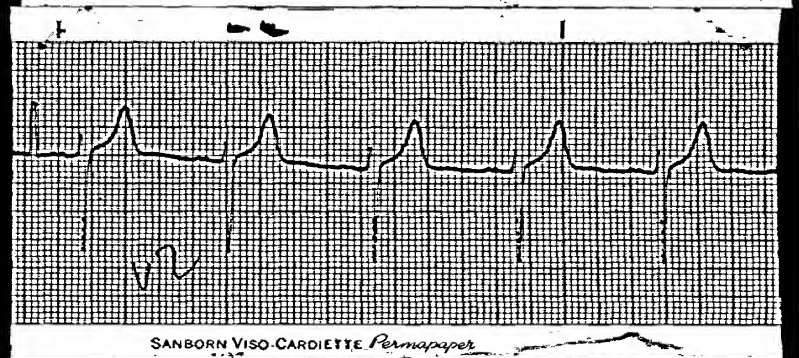
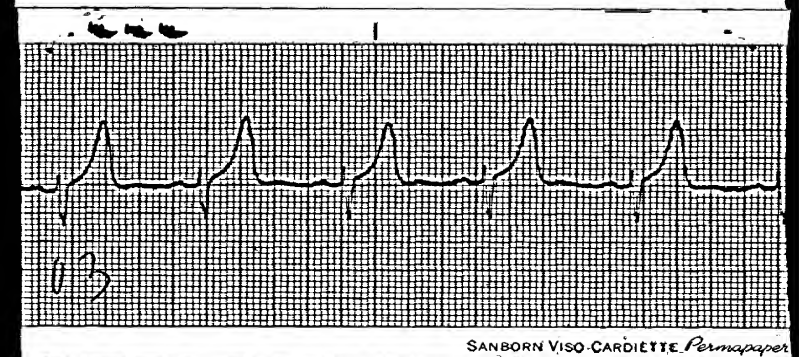
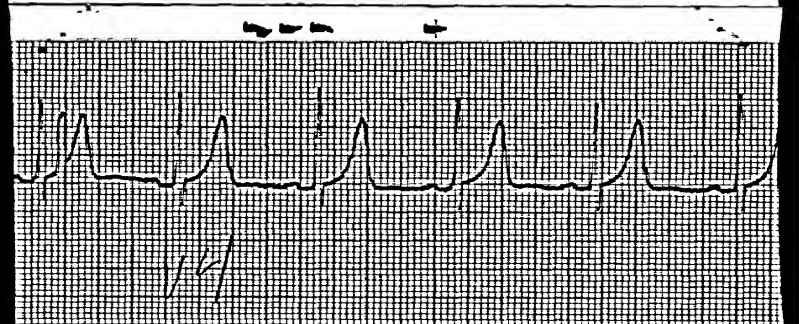
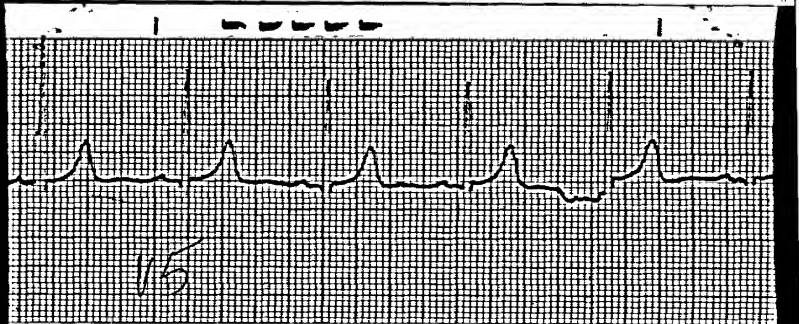
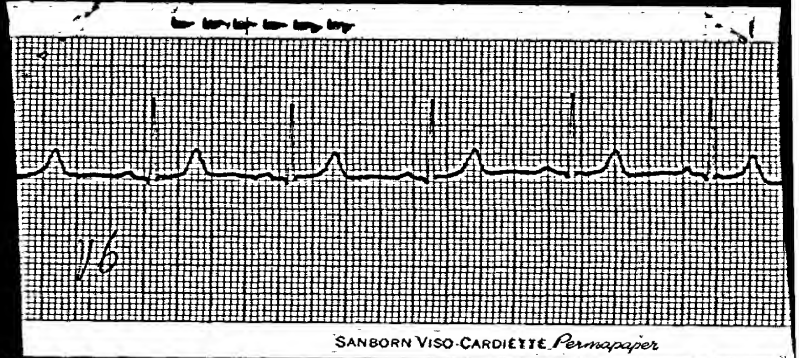
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

(Attach tracings to S. F. 507)







CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
36			76" 11	150		Dr. Johnston			3/12/57@1120
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						N(60°)		AURIC.	VENT. 75
INTERVALS						P WAVES			
PR .13 QRS .05 QT .34									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

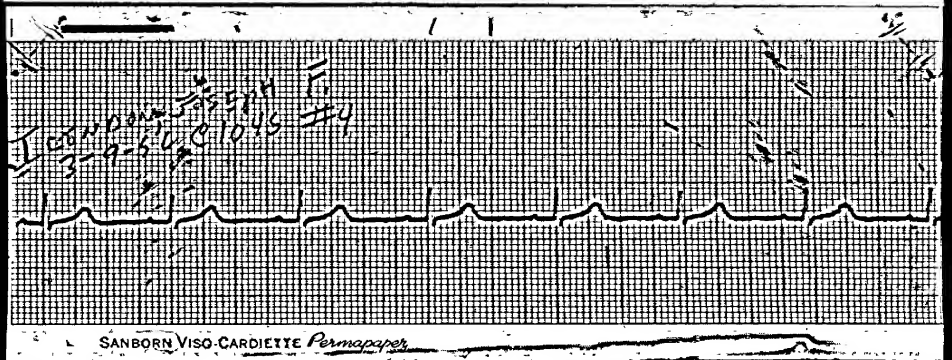
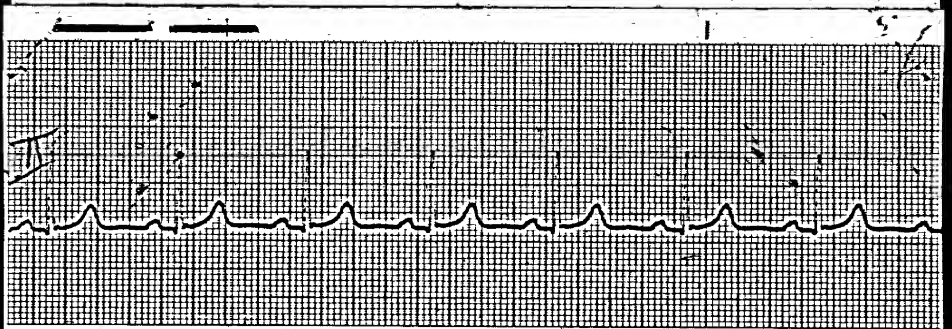
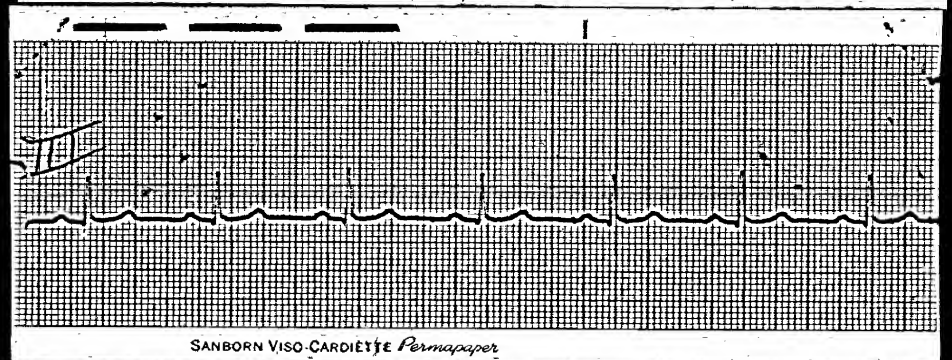
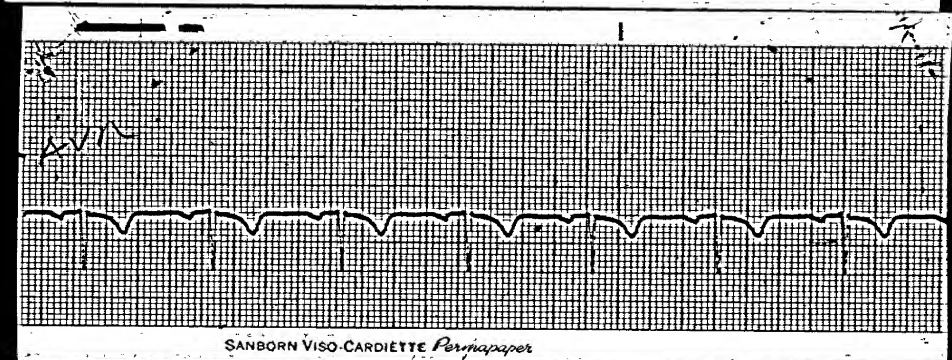
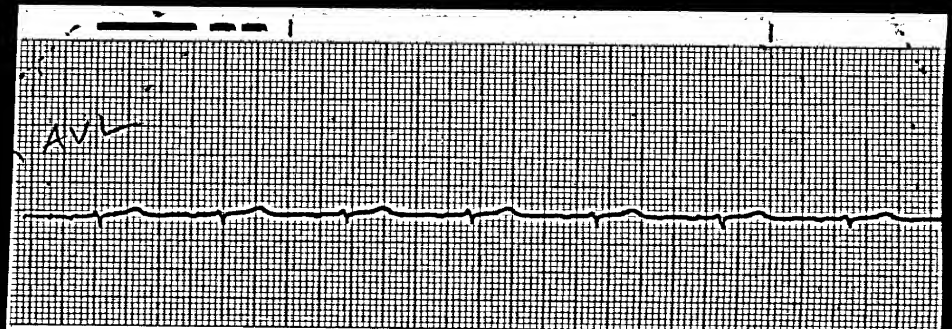
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

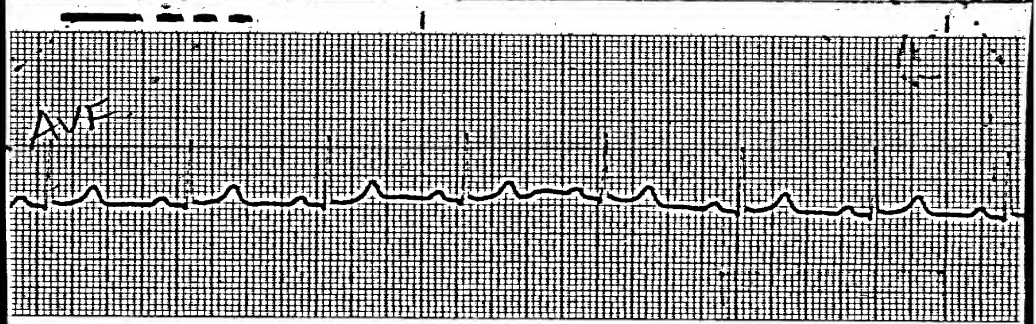
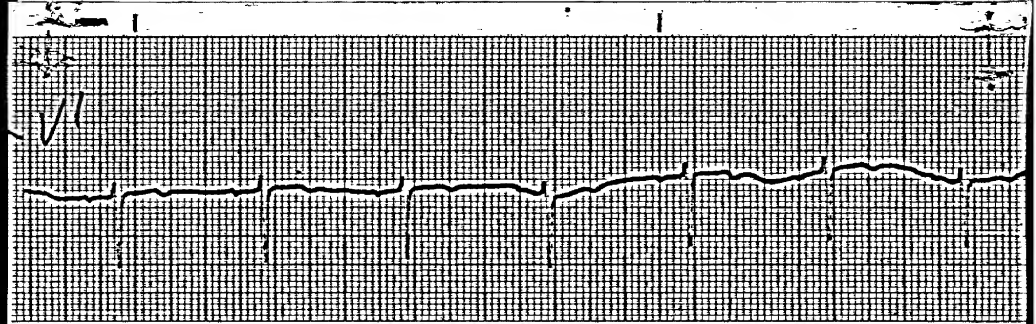
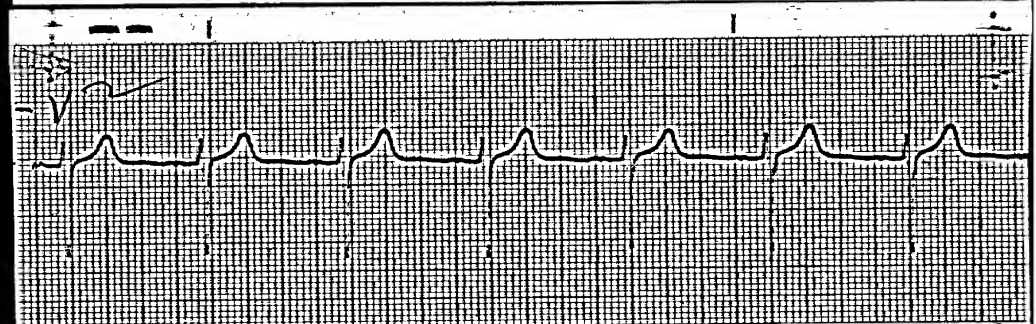
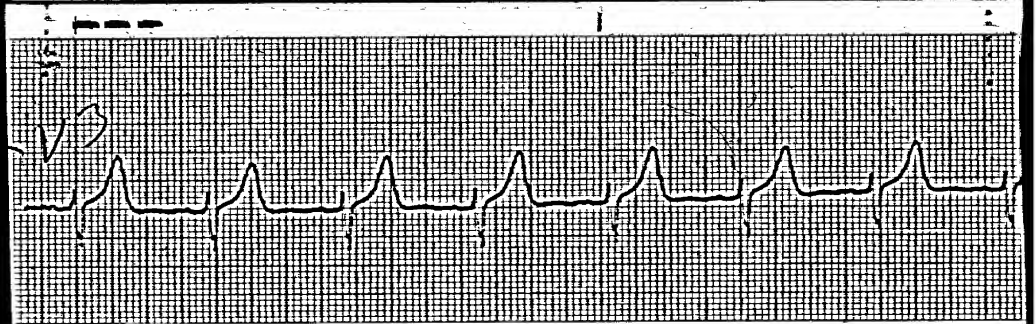
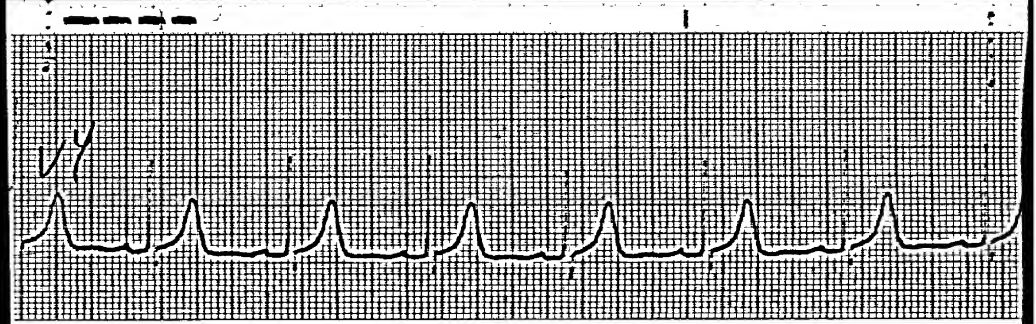
1. Within normal limits.
2. No significant change since 3/9/56

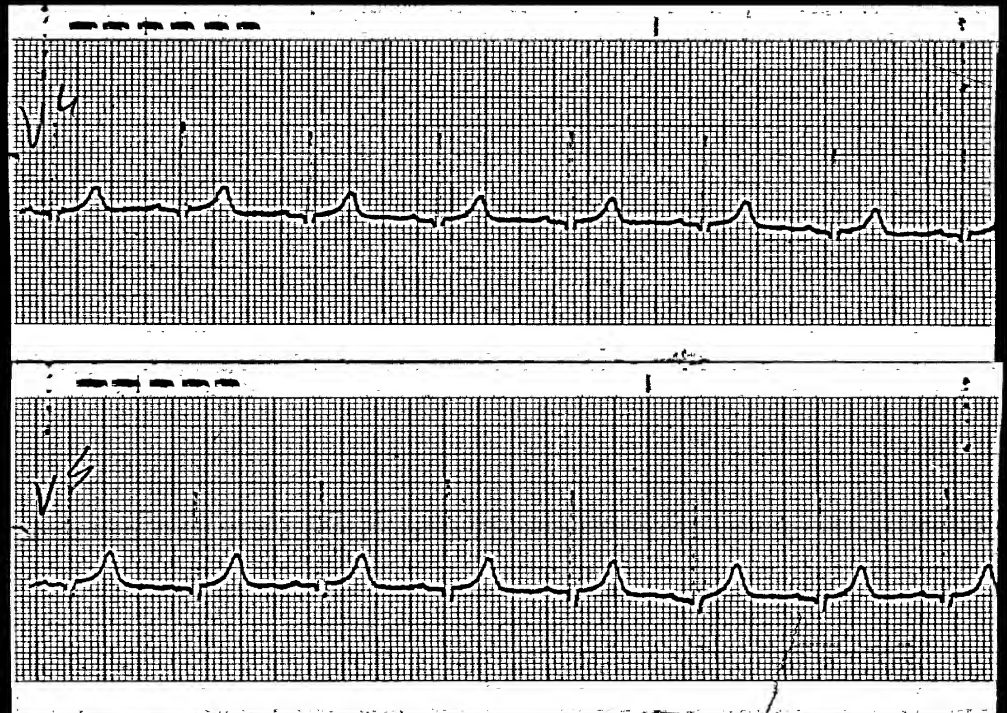
(Continue on reverse)

NO. ECG 23585	SIGNATURE P. DREIZEN /aes	TITLE LT MC USNR	DATE 3/13/57
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. ST. CLINIC
GONPON, JOSEPH F FBI			
NNMC USNH BETHESDA MD.		ELECTROCARDIOGRAPHIC RECORD	

Standard Form 520
(Attach tracings to S. F. 507)







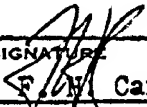
CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
35	M	C	70"	150		Dr. Johnston				3-9-56@1045	
RHYTHM						AXIS DEVIATION (QRS)				RATES	
Normal Sinus Rhythm						Intermediate				AURIC. VENT. 73	
INTERVALS						P WAVES					
PR .17 QRS .08 QT .36											
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within Normal Limits.

(Continue on reverse)

NO. ECG 23532		SIGNATURE  F. M. Cary/paf		TITLE LT MC USNP		DATE 3-10-56	
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME				REGISTER NO.		WARD NO.	
CONDON, JOSEPH E. FBI						STAFF CLINIC	

USNH BETHESDA, MARYLAND
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE

16-56200-3 1

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
35	M		5'10"	150		Dr. Aspen			3-23-55
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .16 QRS .08 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
						T - AVR, VI are inverted.			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

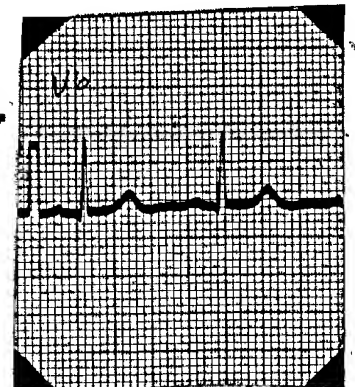
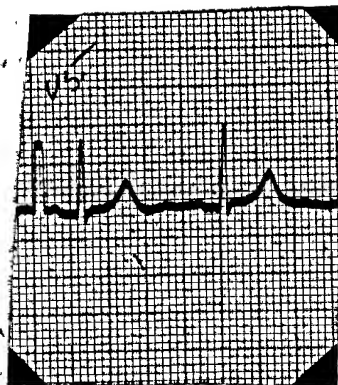
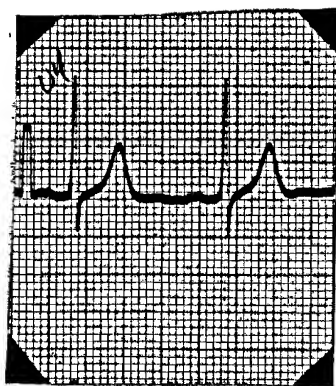
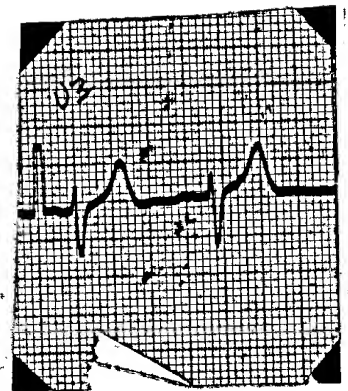
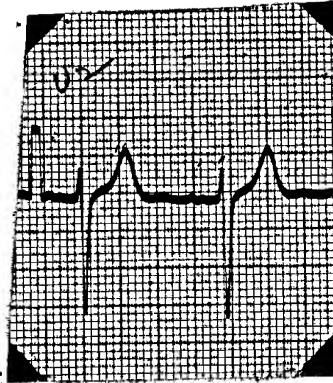
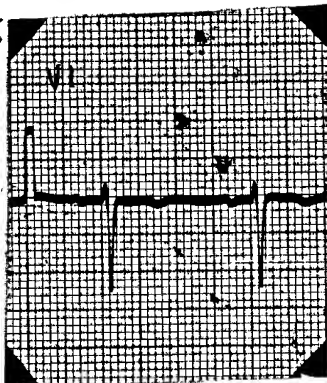
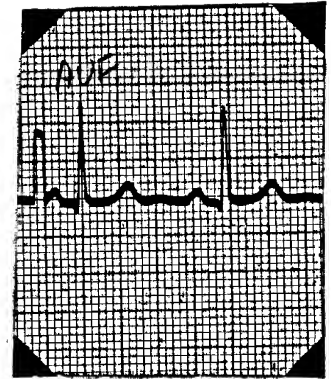
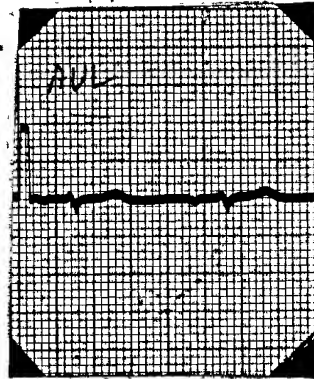
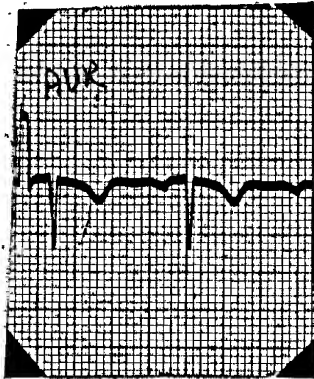
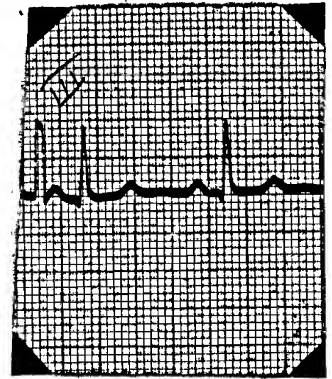
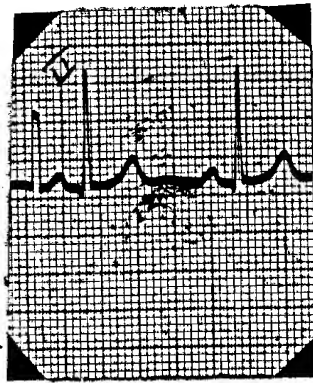
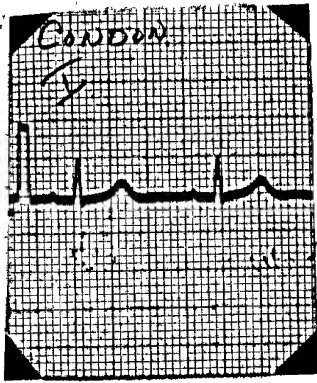
Normal electrocardiogram.

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 20787	C. S. STROUD	CDR MC USN	3-21-55
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
CONDON, Joseph E.		F. R. I.	St. Clinic

USNH, BETHESDA, MD.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
(Attach tracings to S. F. 507)



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 072-12-9337	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 1309 Kirby NE Albuquerque, NM 87112		4. POSITION (Title, grade, component) SPECIAL AGENT	
5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY	6. DATE OF EXAMINATION 10/9/74	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Occupational Health, KAFB, NM	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent - Pilocarpine 1/2% for glaucoma

002147 3. CONDO"

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis	✓		Wear glasses or contact lenses
	✓	Coughed up blood	✓		Have vision in both eyes
	✓	Bled excessively after injury or tooth extraction		✓	Wear a hearing aid
	✓	Attempted suicide		✓	Stutter or stammer habitually
	✓	Been a sleepwalker		✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

[illegible]

13. WHAT IS YOUR USUAL OCCUPATION?

SPECIAL AGENT

14. ARE YOU (Check one)

☒ Right handed ☐ Left handed

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

18. Cataract operation right eye scheduled 11/11/74

19. Tarsorrhaphy - age 5
Deviated Septum - age 32
St. Joseph's Hospital
Pittsburgh, Pa
Dr. Hampey

20. Broken ankle 1970
Broken Toe 1959

21. F. + Tongue in Lodge
(N.W. Commission on Alcoholism)
8/1-14/74

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

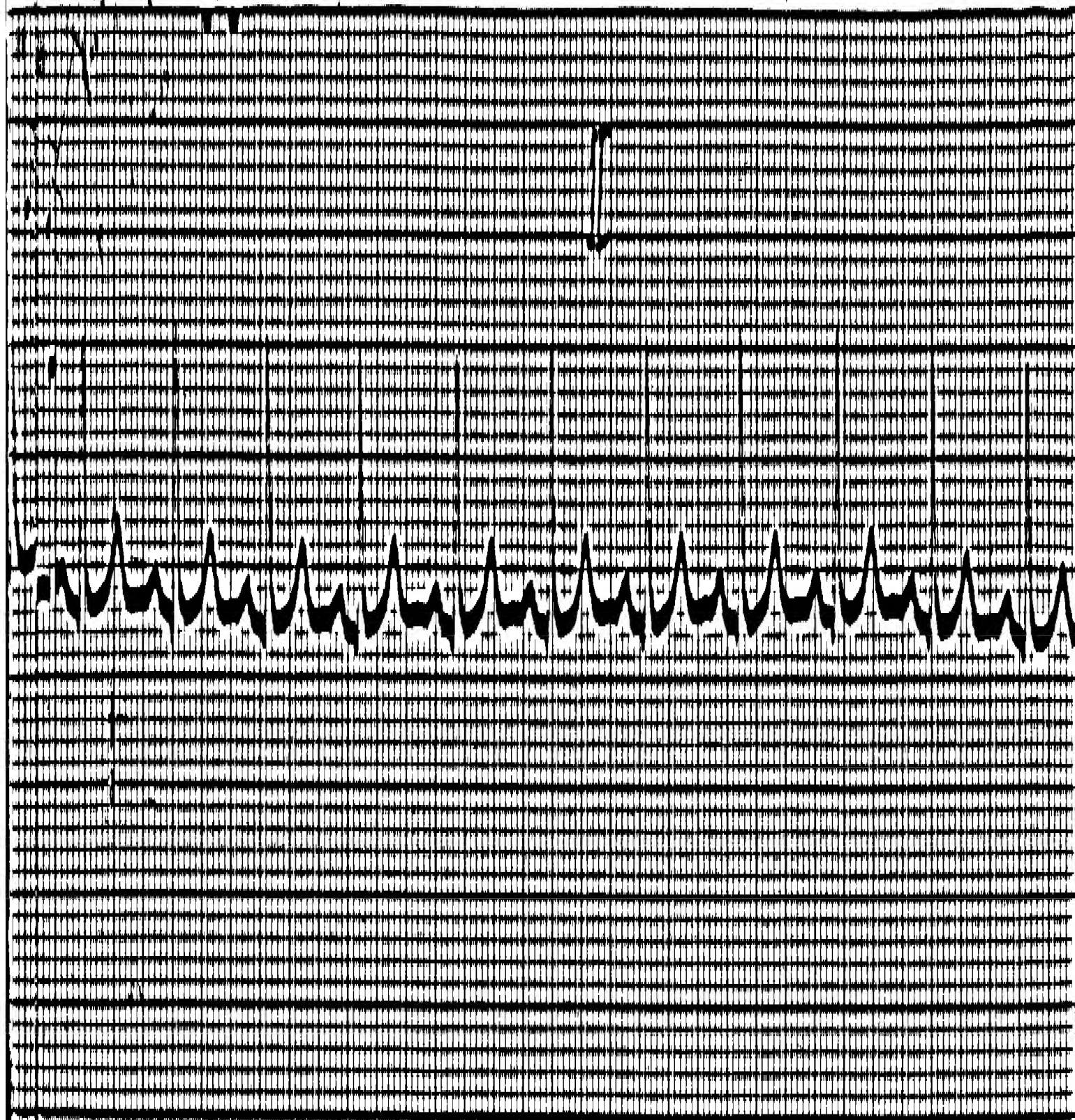
TYPED OR PRINTED
NAME OF EXAMINER

DAVID A.

REVERSE OF S

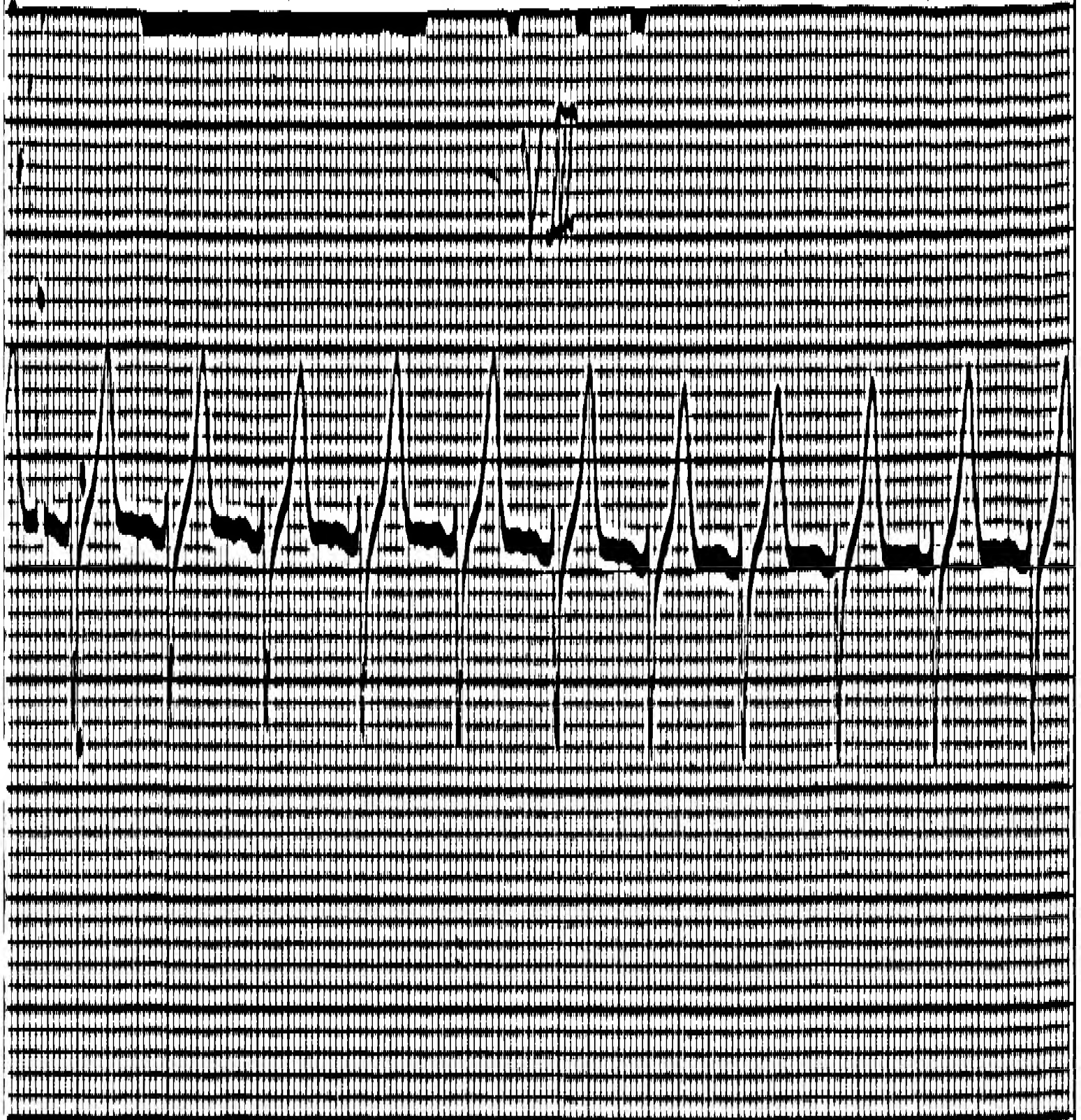
RIBSCOPE NEW YORK 3, N.Y.

MADE IN U.S.A.



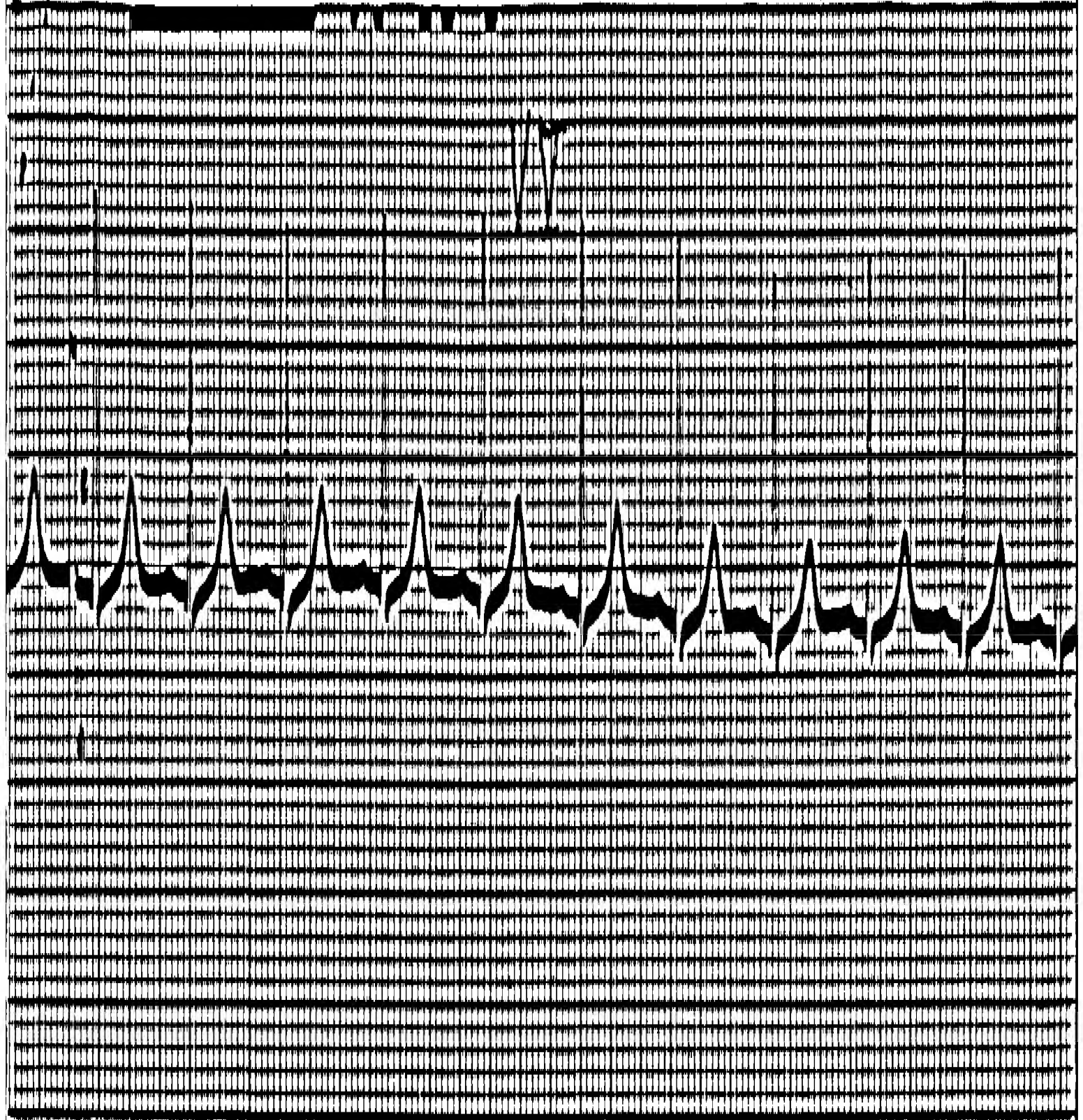
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LUMISCOPE, NEW YORK 3, N



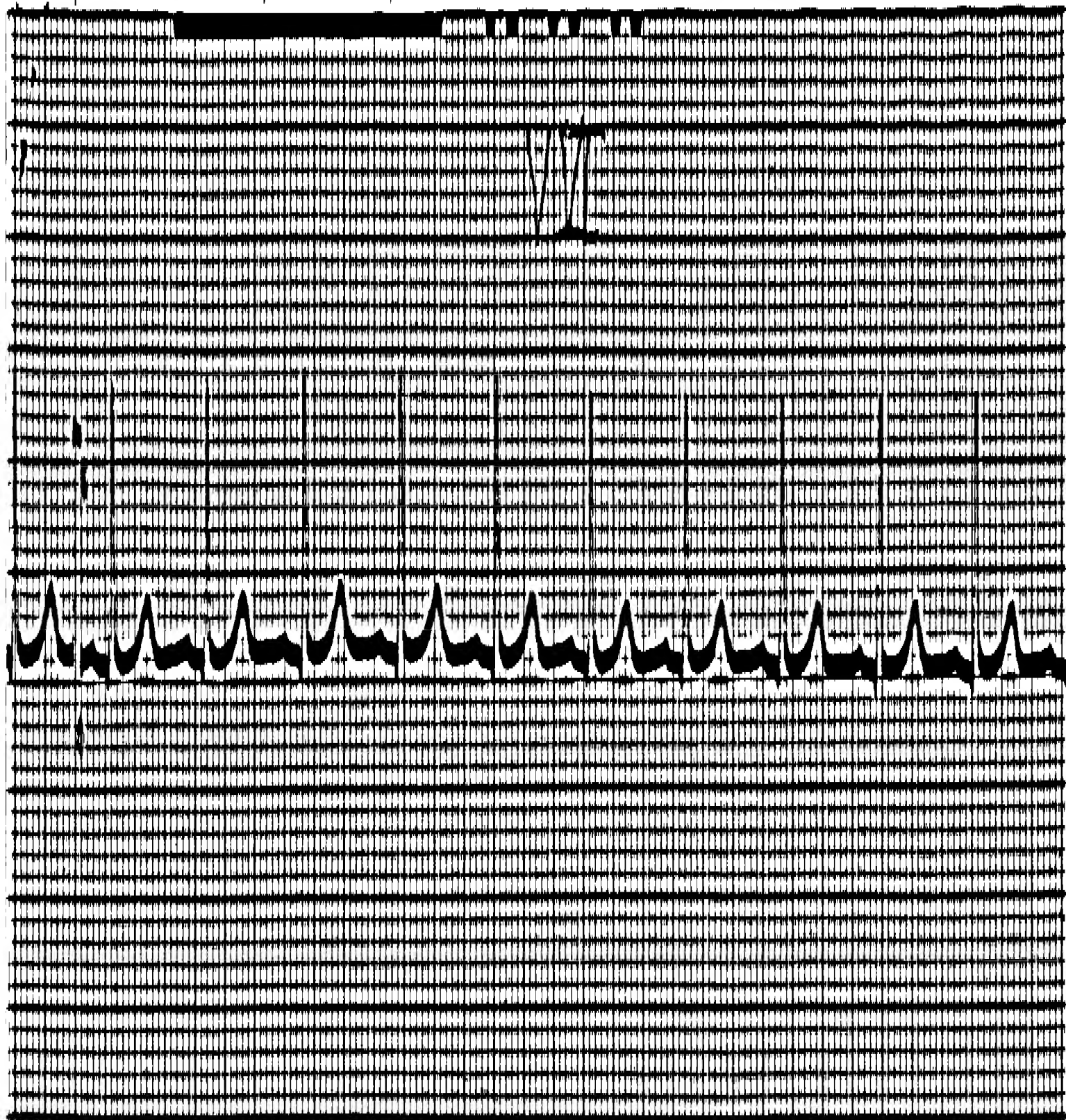
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LUMISCOPE, NEW YORK



LUMISCOPE, NEW YORK 3, N.Y.

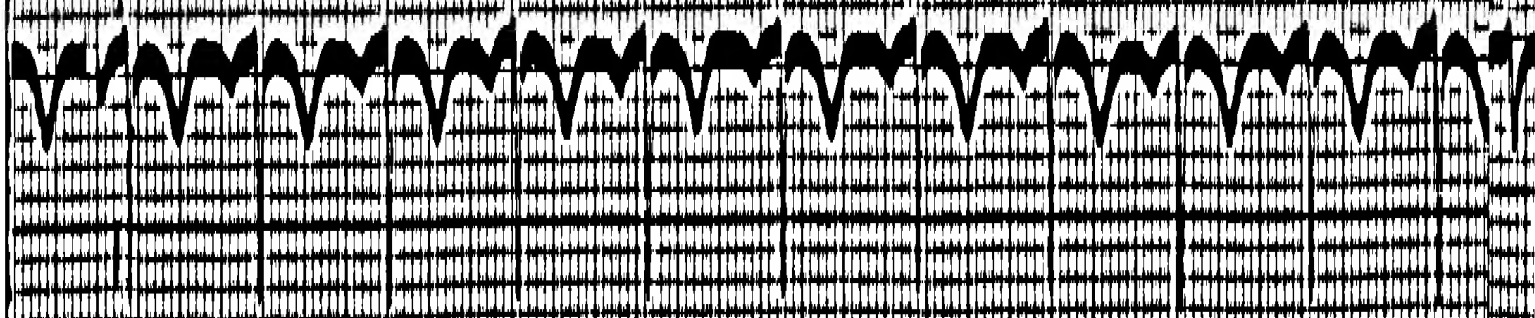
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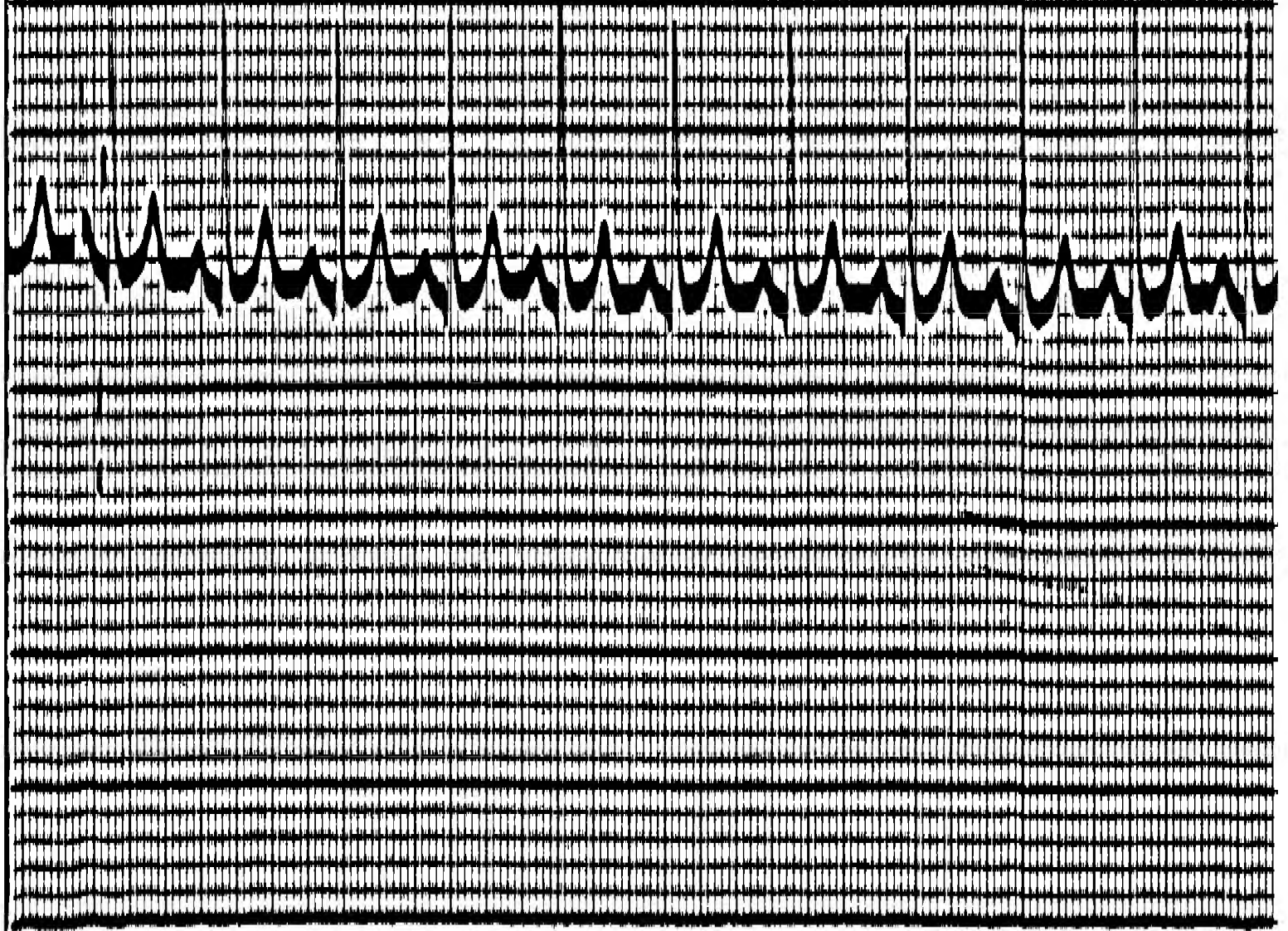
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AIR



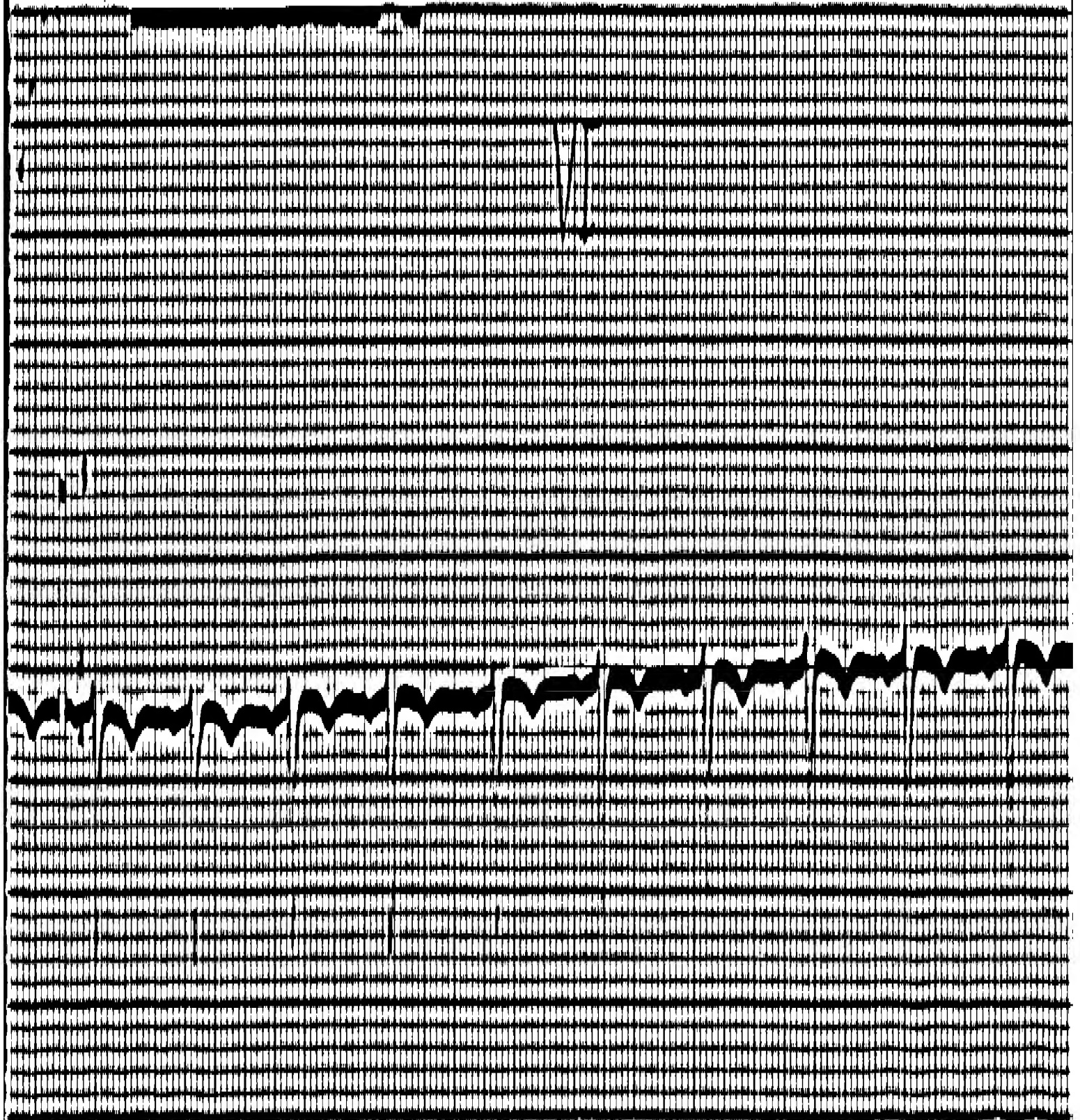
MADE IN U.S.A.

AF



UMISCOPE, NEW YORK 3, N.Y.

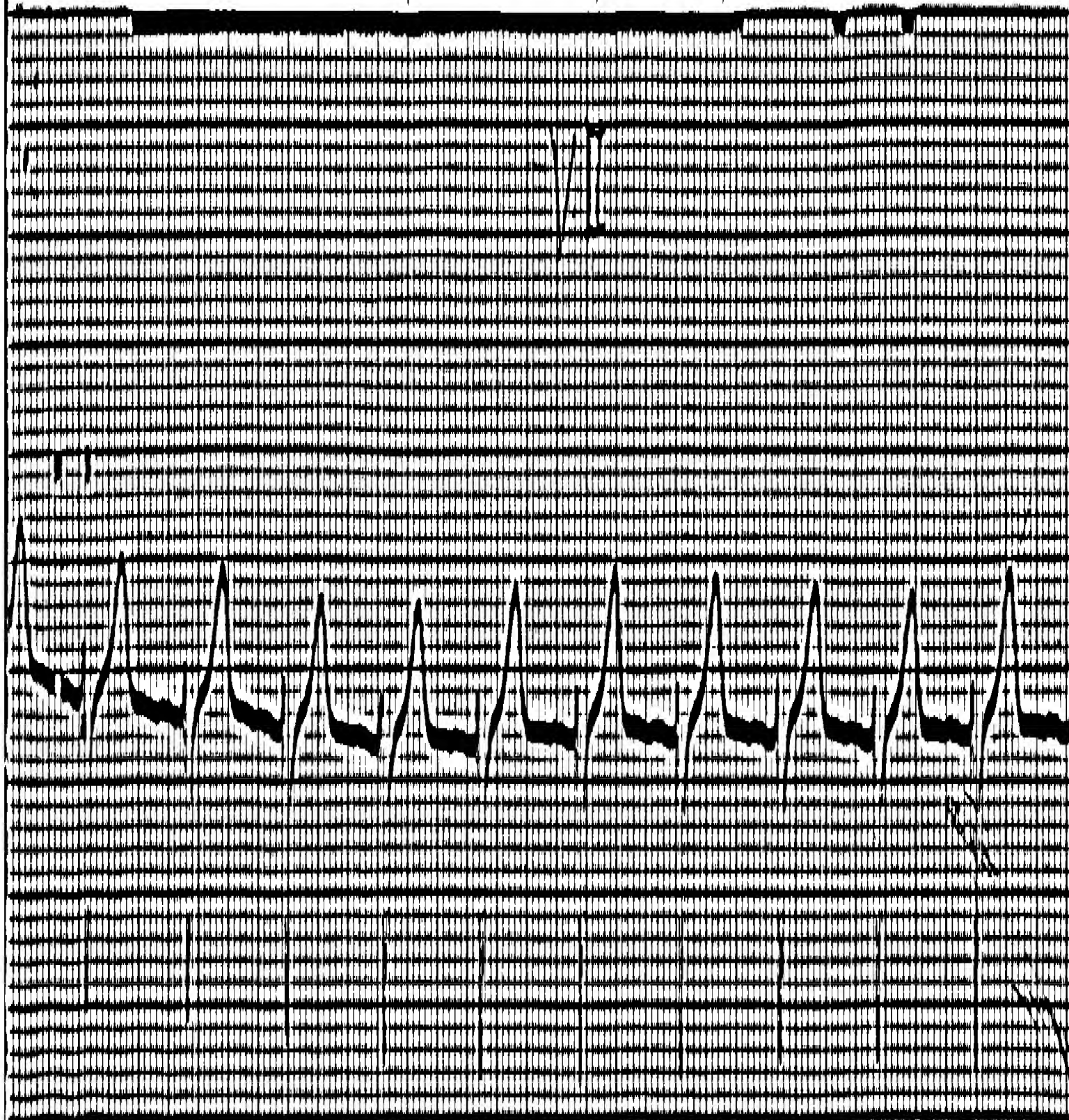
MADE IN U.S.A.



LUMISCRIBE CHART NO. 63

LUMISCOPE, NEW YORK 3, N.Y.

MADE



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>FBI ANNUAL</i>				MEDICATION				<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>44</i>	SEX <i>M</i>	RACE <i>CAUC</i>	HEIGHT <i>68 1/2</i>	WEIGHT <i>137</i>	B. P. <i>116/88</i>	SIGNATURE OF WARD PHYSICIAN <i>[Redacted]</i>		DATE	
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

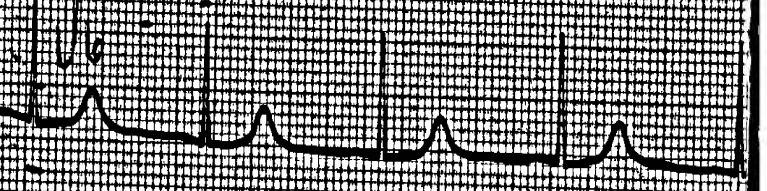
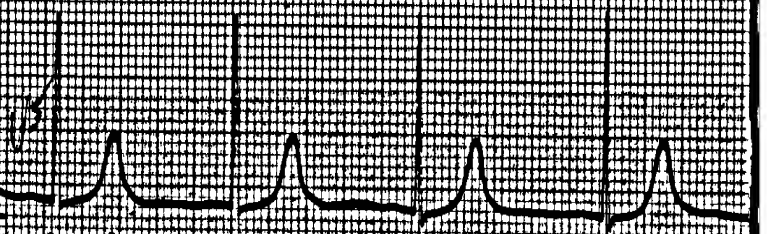
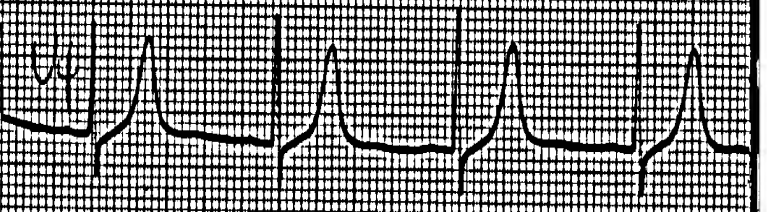
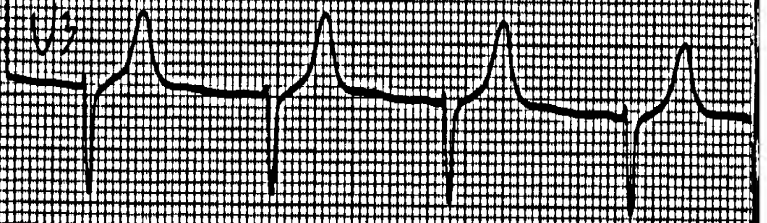
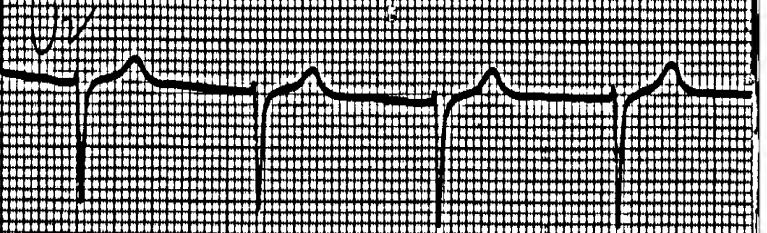
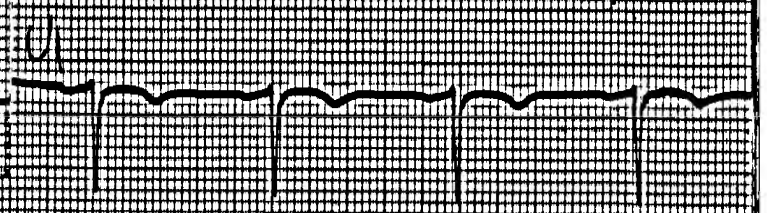
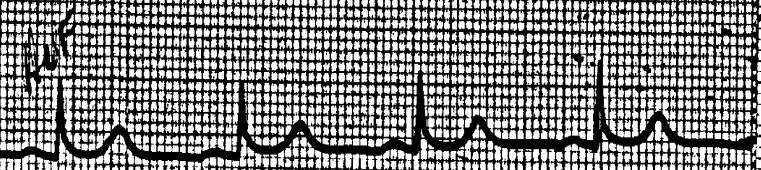
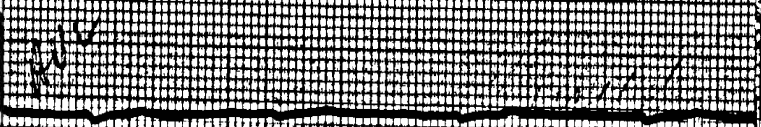
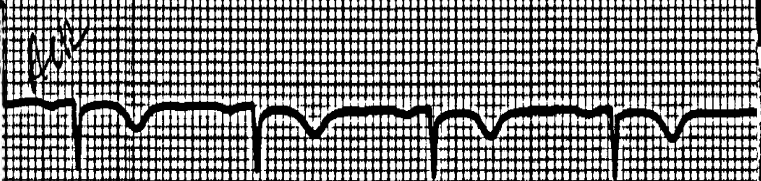
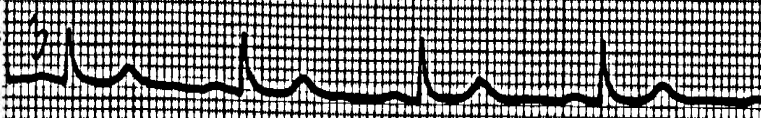
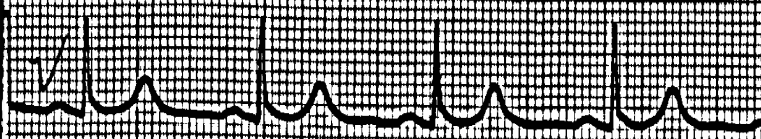
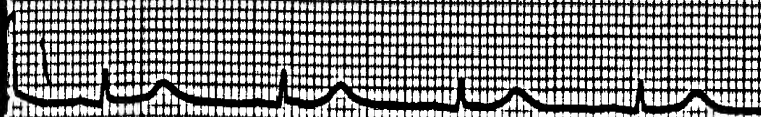
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL

b6
b7C

NO.		SIGNATURE		TITLE		DATE	
ECG		<i>[Redacted]</i>		<i>MD</i>			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO.	
<i>CONDON, JOSEPH F.</i>						<i>150</i>	

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Annual Physical</i>				MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO			
						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT			
AGE <i>54</i>	SEX <i>M</i>	RACE <i>C</i>	HEIGHT <i>69"</i>	WEIGHT <i>141</i>	S.P. <i>156/90</i>	SIGNATURE	DATE <i>9 Oct 74</i>		
RHYTHM				AXIS DEVIATION (QRS) b6 b7C		RATES			
						AURIC. VENT.			
INTERVALS PR QRS QT				P WAVES					
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: <div style="text-align: center; font-size: 2em; margin-top: 50px;"><i>WU</i></div>									
(Continue on reverse)									
NO. ECG		PATIENT'S IDENTIFICATION NO.				DATE			
PATIENT'S IDENTIFICATION						REGISTER NO.		WARD NO.	

Candow, Joseph F.
Sp Apt 072-12-9337

USAF HOSPITAL KIRTLAND
KIRTLAND AFB, NM 87115
PHYSICAL EXAM CLINIC (SGHGP)

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11-809-3
520-105

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 072 12 9337
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 1309 Kirby NE Albuquerque, New Mexico 87112		4. POSITION (Title, grade, component) SPECIAL AGENT
5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY	6. DATE OF EXAMINATION 10/26/73	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Occupational Health, KAIB, NM

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent *Pilocar 1/2 % for Glaucoma*

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>		Wear glasses or contact lenses
	<input checked="" type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>		Have vision in both eyes
	<input checked="" type="checkbox"/>	Bled excessively after injury or tooth extraction		<input checked="" type="checkbox"/>	Wear a hearing aid
	<input checked="" type="checkbox"/>	Attempted suicide		<input checked="" type="checkbox"/>	Stutter or stammer habitually
	<input checked="" type="checkbox"/>	Been a sleepwalker		<input checked="" type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	<input checked="" type="checkbox"/>		Scarlet fever, erysipelas		<input checked="" type="checkbox"/>		Cramps in your legs		<input checked="" type="checkbox"/>		"Trick" or locked knee
	<input checked="" type="checkbox"/>		Rheumatic fever		<input checked="" type="checkbox"/>		Frequent indigestion		<input checked="" type="checkbox"/>		Foot trouble
	<input checked="" type="checkbox"/>		Swollen or painful joints		<input checked="" type="checkbox"/>		Stomach, liver, or intestinal trouble		<input checked="" type="checkbox"/>		Neuritis
	<input checked="" type="checkbox"/>		Frequent or severe headache		<input checked="" type="checkbox"/>		Gall bladder trouble or gallstones		<input checked="" type="checkbox"/>		Paralysis (include infantile)
	<input checked="" type="checkbox"/>		Dizziness or fainting spells		<input checked="" type="checkbox"/>		Jaundice or hepatitis		<input checked="" type="checkbox"/>		Epilepsy or fits
<input checked="" type="checkbox"/>			Eye trouble	<input checked="" type="checkbox"/>			Adverse reaction to serum, drug, or medicine		<input checked="" type="checkbox"/>		Car, train, sea or air sickness
	<input checked="" type="checkbox"/>		Ear, nose, or throat trouble	<input checked="" type="checkbox"/>			Broken bones		<input checked="" type="checkbox"/>		Frequent trouble sleeping
	<input checked="" type="checkbox"/>		Hearing loss	<input checked="" type="checkbox"/>			Tumor, growth, cyst, cancer		<input checked="" type="checkbox"/>		Depression or excessive worry
	<input checked="" type="checkbox"/>		Chronic or frequent colds		<input checked="" type="checkbox"/>		Rupture/hernia		<input checked="" type="checkbox"/>		Loss of memory or amnesia
	<input checked="" type="checkbox"/>		Severe tooth or gum trouble		<input checked="" type="checkbox"/>		Piles or rectal disease		<input checked="" type="checkbox"/>		Nervous trouble of any sort
	<input checked="" type="checkbox"/>		Sinusitis		<input checked="" type="checkbox"/>		Frequent or painful urination				Periods of unconsciousness
	<input checked="" type="checkbox"/>		Hay Fever		<input checked="" type="checkbox"/>		Bed wetting since age 12				
	<input checked="" type="checkbox"/>		Head Injury		<input checked="" type="checkbox"/>		Kidney stone or blood in urine				
	<input checked="" type="checkbox"/>		Skin diseases		<input checked="" type="checkbox"/>		Sugar or albumin in urine				
	<input checked="" type="checkbox"/>		Thyroid trouble		<input checked="" type="checkbox"/>		VD—Syphilis, gonorrhea, etc.				
	<input checked="" type="checkbox"/>		Tuberculosis		<input checked="" type="checkbox"/>		Recent gain or loss of weight				
	<input checked="" type="checkbox"/>		Asthma		<input checked="" type="checkbox"/>		Arthritis, Rheumatism, or Bursitis				
	<input checked="" type="checkbox"/>		Shortness of breath		<input checked="" type="checkbox"/>		Bone, joint or other deformity				
	<input checked="" type="checkbox"/>		Pain or pressure in chest		<input checked="" type="checkbox"/>		Lameness				
	<input checked="" type="checkbox"/>		Chronic cough		<input checked="" type="checkbox"/>		Loss of finger or toe				
	<input checked="" type="checkbox"/>		Palpitation or pounding heart		<input checked="" type="checkbox"/>		Painful or "trick" shoulder or elbow				
	<input checked="" type="checkbox"/>		Heart trouble		<input checked="" type="checkbox"/>		Recurrent back pain				
	<input checked="" type="checkbox"/>		High or low blood pressure		<input checked="" type="checkbox"/>						

13. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 51	SEX M	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN <i>William H. D.</i>			DATE 26 Oct 73
RHYTHM						AXIS DEVIATION (QRS)		RATES AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECARDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS: <div style="text-align: center; font-size: 1.2em;"> WPL No change for Oct 71 </div>									
(Continue on reverse)									
NO. ECG		SIGNATURE OF PHYSICIAN <i>W</i>				PATIENT'S IDENTIFICATION NO.		DATE	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.		WARD NO.	

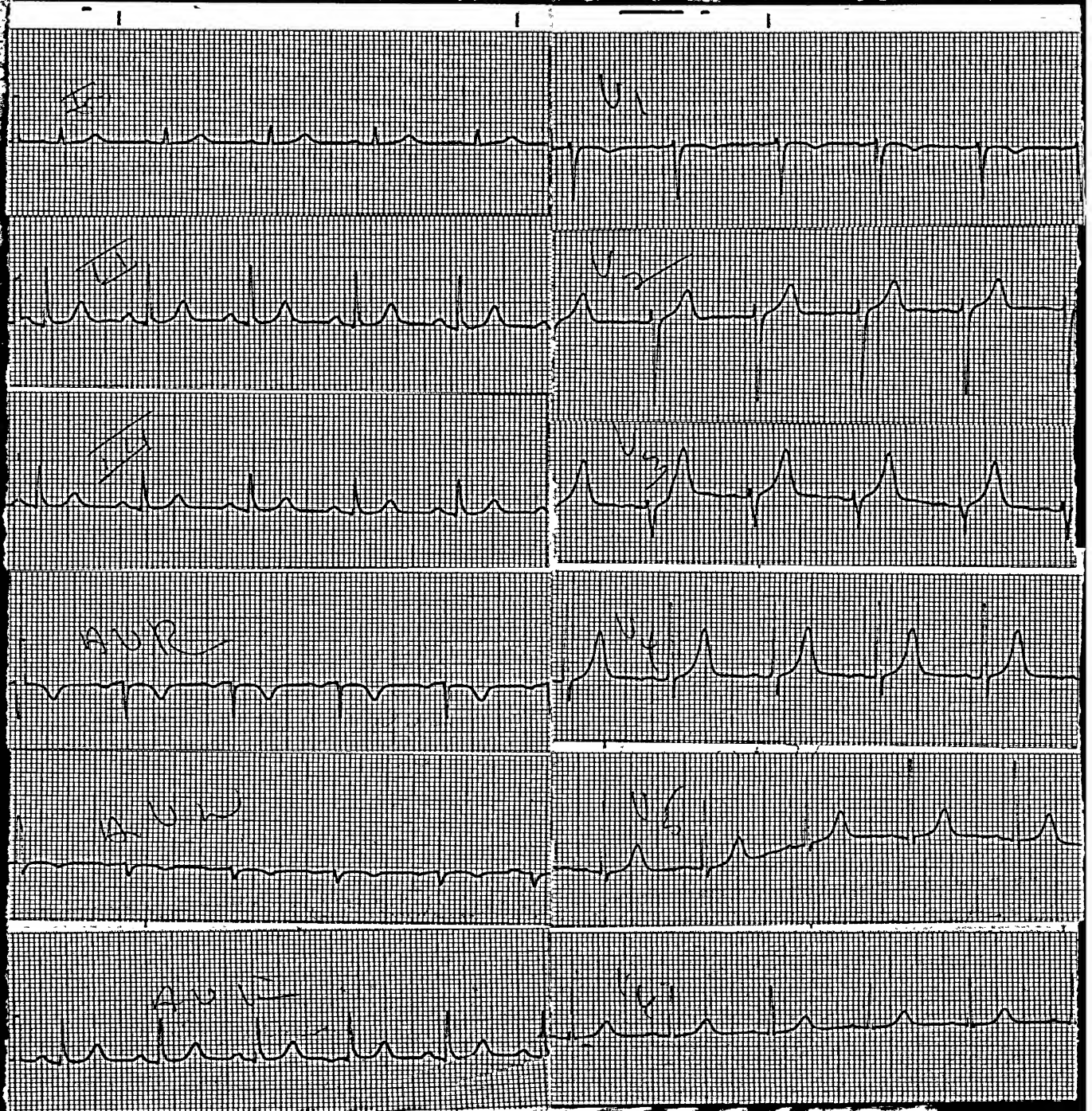
Condon Joseph F.

FBI.

ELECTROCARDIOGRAPHIC RECORD
(Attach Tracings to SF-507)

Standard Form 520
Revised April 1968
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11-809-3
520-105

GPO : 1972 O - 481-976



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. SOCIAL SECURITY OR IDENTIFICATION NO. 072 12 9337
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 1309 Kirby NE Albuquerque, NM 87112		4. POSITION (Title, grade, component) SPECIAL AGENT
5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY	6. DATE OF EXAMINATION 10/19/72	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Occupational Health, KAFB, NM

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent Pilocar 1/2 %

9. HAVE YOU EVER (Please check each item)			10. DO YOU (Please check each item)		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lived with anyone who had tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear glasses or contact lenses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coughed up blood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have vision in both eyes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bled excessively after injury or tooth extraction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a hearing aid
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attempted suicide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stutter or stammer habitually
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been a sleepwalker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug, or medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓		B. Inability to perform certain motions.
✓		C. Inability to assume certain positions.
✓		D. Other medical reasons (If yes, give reasons.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
✓		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

*Denoted Sept 1952
St Joseph Hospital, Pittsburgh, Pa
for above operation*

*Glaucoma. Stabilized by visual loss.
Broken left ankle 8/71.*

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important and record any significant findings here.)

111166-208-FLA

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111166-208-FLA

CONDON, JOSEPH F.

111166-208-FLA

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b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

[Redacted], M.D., SGPO 19 Oct 72

72

[Redacted] *md*

1

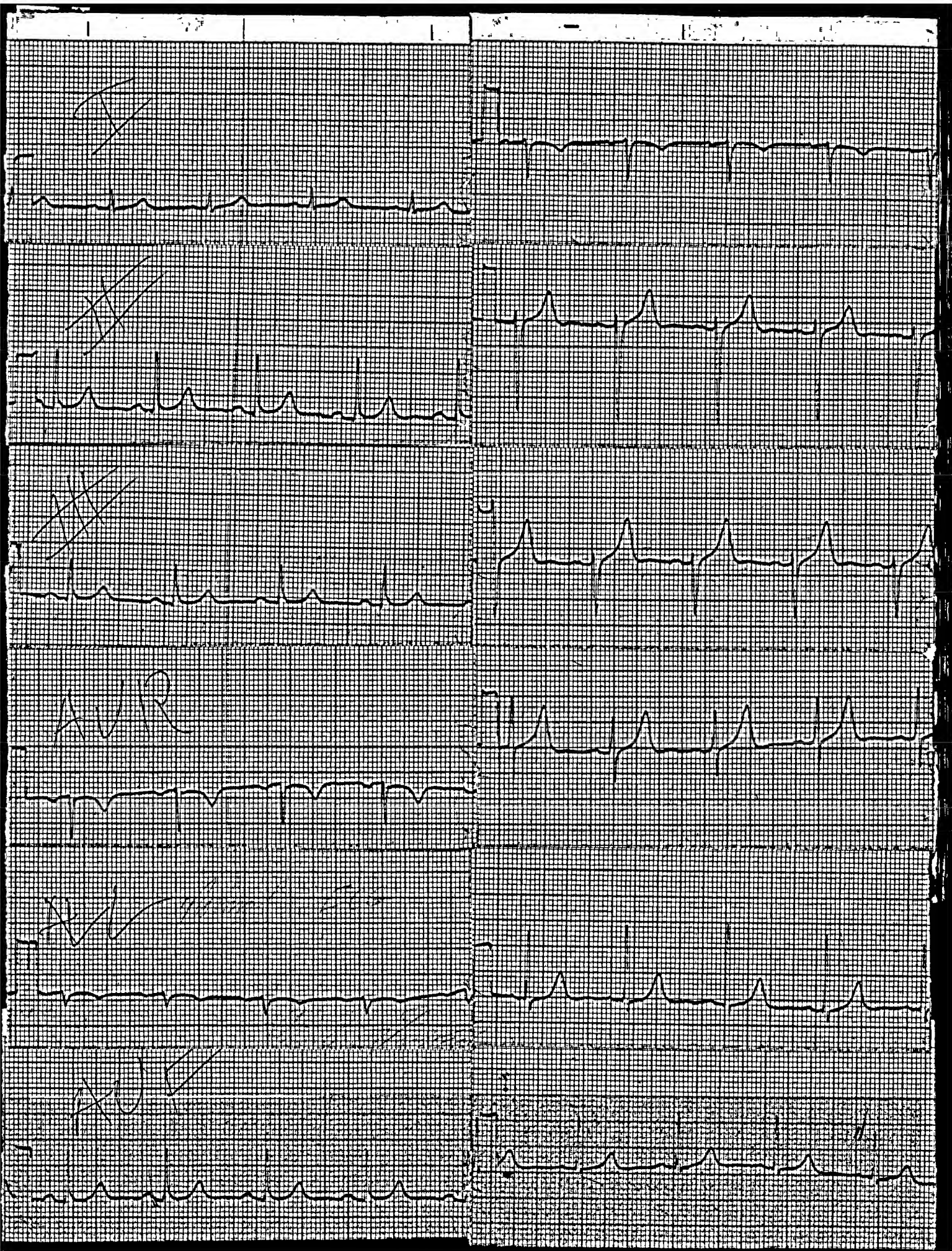
CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> BEDSIDE <input type="checkbox"/> AMBULANT
AGE 52	SEX M	RACE Cauc	HEIGHT 68	WEIGHT 134	B. 130/80	SIGNATURE OF WARD PHYSICIAN			DATE 19 Oct 72
RHYTHM						AXIS DEVIATION (QRS)		RATES	
INTERVALS						P WAVES		AURIC.	VENT.
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS									
<i>Normal ECG</i>									
(Continue on reverse)									
NO.		SIG		PATIENT'S IDENTIFICATION NO.				DATE	
ECG				REGISTER NO.				WARD NO.	

CONDON, JOSEPH F. CIV
 SSN 072-12-9337
 ANNUAL FBI PHY
 SGPO

b6
 b7C

ELECTROCARDIOGRAPHIC RECORD
 (Attach Tracings to SF-507)

Standard Form 520
 Revised April 1968
 General Services Administration &
 Interagency Comm. on Medical Records
 FPMR 101-11-809-3
 520-105



REPORT OF MEDICAL HISTORY
U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. TITLE OF POSITION SPECIAL AGENT	3. SOCIAL SECURITY NUMBER 072 12 9337
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 1309 Kirby NE Albuquerque, N.M. 87112		5. PURPOSE OF EXAMINATION FITNESS-FOR-DUTY	6. DATE OF EXAMINATION 27 10/28/71
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 24	9. AGENCY FBI	10. ORGANIZATION UNIT
11. DATE OF BIRTH 3/16/20	12. PLACE OF BIRTH New York, NY	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Occupational Health, KAFB, N.M.	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Excellent

Pilocar 1/2 %

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JAMENESS "IT" (1911-12-17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 24 yrs.	20. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
--	--	---	--

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED. YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

REMATED SEPT 1952
 St Joseph - Pittsburgh Pa
 for abn
 Glaucoma - Both Eyes - Stabilized
 Broken left ankle Aug. 1971

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES ☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☐ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

B 750

SIGNATURE OF WARD PHYSICIAN

DATE

51

M

White

68"

134

104

27 Oct 71

RHYTHM

AXIS DEVIATION (QRS)

RATES

AURIC.

VENT.

INTERVALS

P WAVES

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS

WITHIN
NORMAL LIMITS

NO SIGNIFICANT CHANGES
FROM PREVIOUS TRACINGS

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date; hospital or medical facility)		REGISTER NO.	WARD NO.

CONDON, JOSEPH F.
SSN 072-12-9337
ANNUAL PHYSICAL
SOPH

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-101
(Attach tracings to S F 507)

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. TITLE OF POSITION SPECIAL AGENT		3. SOCIAL SECURITY NUMBER 072 12 9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 1309 Kirby NE Albuquerque, New Mexico 87112		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/12/70	
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 23	9. AGENCY FBI		10. ORGANIZATION UNIT	
11. DATE OF BIRTH 3/16/20		12. PLACE OF BIRTH New York, NY		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Sandia Base Army Hospital	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)					

Excellent - now

15. DO YOU (Please check at left of each item):						16. HAVE YOU EVER (Please check at left of each item):					
YES	NO	(Check each item)				YES	NO	(Check each item)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES				<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES				<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID				<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY				<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT				<input type="checkbox"/>	<input type="checkbox"/>				

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS		

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1		19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 23 yrs.		20. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT		21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	
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OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 25 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

No Change in Medical History
Since 23 October 1969

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

12 Oct. '70

SIGNATURE

NUMBER OF ATTACHED
SHEETS

FORM 1 1968 O-307-584

b6
b7c

247-1555

41713

3d room
beside/Clay

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

OCCUPATIONAL HEALTH BRANCH

CONDON, JOSEPH F.

AGE	SEX	(Check one)
50	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY

SS 072-12-9337

EXAMINATION REQUESTED

CHEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

MANDATORY PHYSICAL FOR FBI.

FILM NO. 69 66235

DATE OF REQUEST Oct. 12, 1970 REQUESTED BY

RADIOGRAPHIC REPORT

12 Oct 70

Examination of the chest reveals a moderate scoliosis of the dorsal spine with convexity to the right. There is apical pleural scarring from old inflammatory disease. There is no evidence of active pulmonary disease.

b6
b7c

MAJ, MC, USA

X RAY REPORT

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

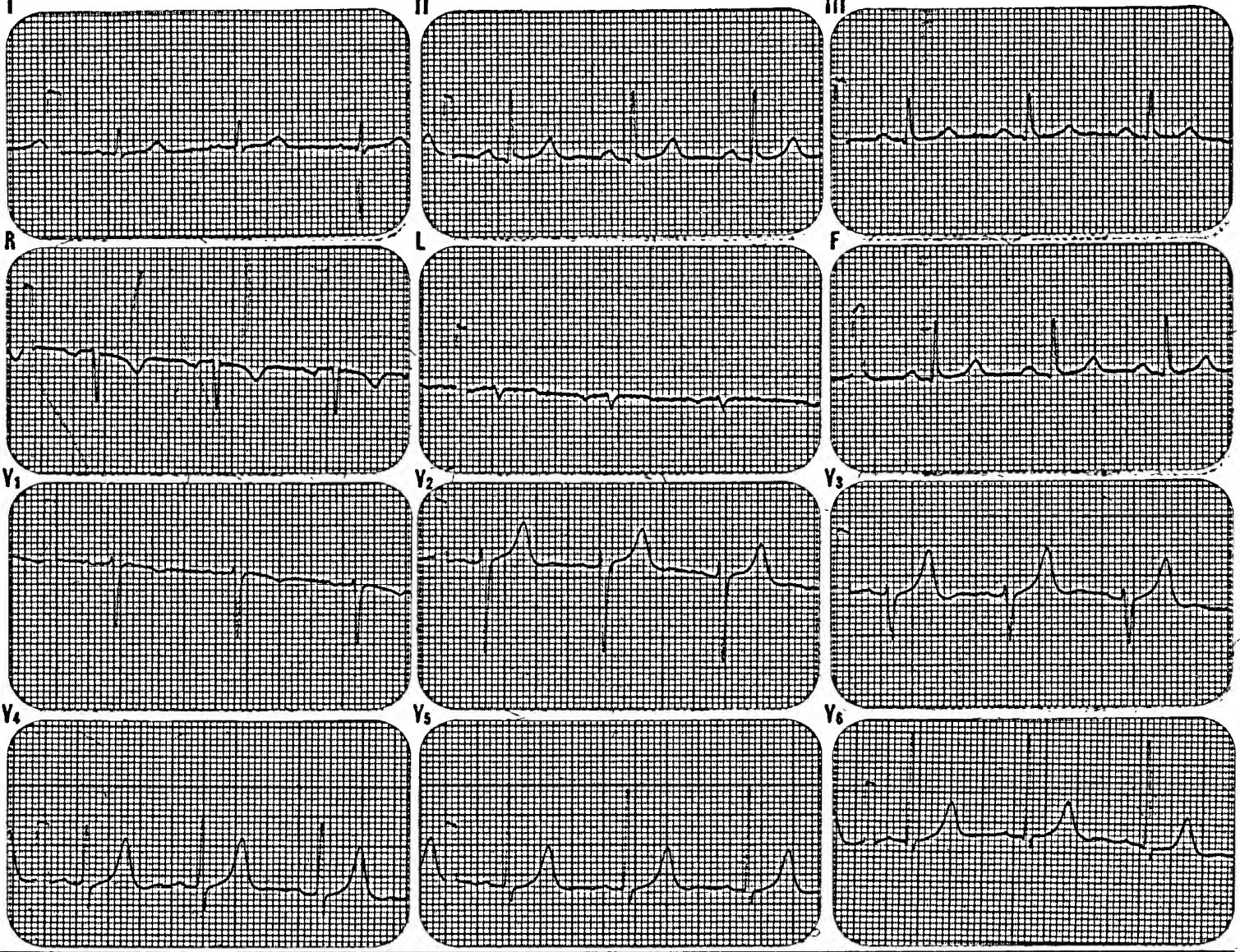
IA BASE NH 12 10 70

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

RADIOGRAPHIC REPORT

519-207



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☒ NO ☐ AMB. ☒ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE 50 SEX M S. P. 120/76 DATE 12 OCT 70
CLIN. DIAG.: MANDATORY PHYSICAL FOR FBI ORDERED BY _____ M. D.

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☐ OTHER: _____

RATES:

ATR.

VENTR.

INTERVALS:

P-R

QRS

QTc

AXIS:

+

°

-

°

DESCRIPTION:

LIMB LEADS

PRECORDIAL LEADS

P

QRS

S-T

T, U

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS: WITHIN NORMAL LIMITS.

b6

b7C

PATIENT'S IDENTIFICATION

N CONDON, JOSEPH F.
CIVILIAN FBI

INTERPRETED BY

ECG NO.

DATE

MAJ MC USA M. D.

WARD O. HEALTH RM.

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. TITLE OF POSITION SPECIAL AGENT	3. SOCIAL SECURITY NUMBER 072 12 9337
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 1309 Kirby NE, Albuquerque, New Mexico 87112		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 10/23/69
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 22	9. AGENCY FBI	
10. ORGANIZATION UNIT			
11. DATE OF BIRTH 3/16/20	12. PLACE OF BIRTH New York, New York	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Sandia Base Army Hospital	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) <i>Excellent</i>			

15. DO YOU (Please check at left of each item):				16. HAVE YOU EVER (Please check at left of each item):			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES		<input checked="" type="checkbox"/>	<input type="checkbox"/>	COUGHED UP BLOOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input checked="" type="checkbox"/>	<input type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT		<input type="checkbox"/>	<input type="checkbox"/>		

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAY FEVER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAMENESS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NEURITIS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS		

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 22 yrs	20. WHAT IS YOUR USUAL OCCUPATION? FBI Special Agent	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	--	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES, MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	<input checked="" type="checkbox"/>	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable; other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Tompkins Army 1925

Deniated Sept 1952

*St Joseph's Hospital
Pittsburgh Pa.*

See above

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINER:

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop, by interview any additional medical history he deems important, and record any significant findings here.)

Item 17 - Mumps aged.

Item 17 - Sinusitis - mild.

Item 17 - Fracture of Right Crest Tal - 9 years ago - no residuals.

Item 25 - Sub mucous Resection 1952 for Deniated Nasal Septum.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

23 Oct 69

NUMBER OF ATTACHED SHEETS

G OFFICE 1 1968 O-307-584

b6

b7C

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION None						MEDICATION None		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	D. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
47	M	Wh.	5'9"	144	120/80	J. M. KATZ		JUL 23, 1969	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

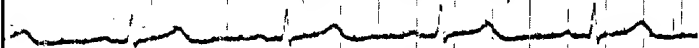
WNC

NO.		SIGNATURE		TITLE		DATE	
ECG		[Signature]		LTC		26 OCT 69	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO.	
CONDON, JOSEPH F. CIVILIAN							

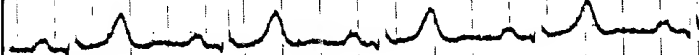
FORM-5

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
10-104-02
(Attach tracings to S. F. 507)

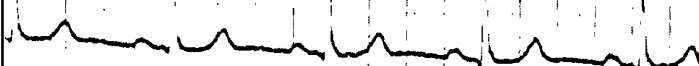
CANDON JOSE H. F.
23 OCT 69



II



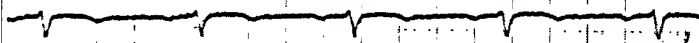
III



AVR



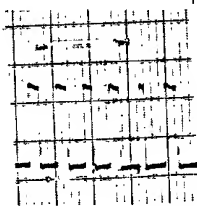
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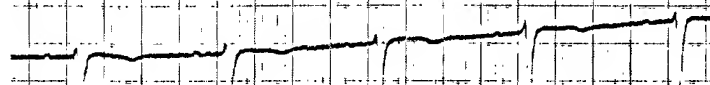
AVF



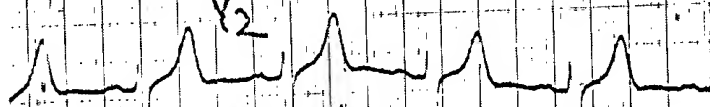
SON *Inter* LOS ANGELES



V1



V2



V3



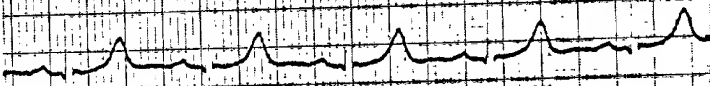
V4



V5



V6



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION ANNUAL PHYSICAL FOR FBI						MEDICATION <i>none.</i>		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>48</i>	SEX <i>MALE</i>	RACE <i>CAU</i>	HEIGHT <i>5'9"</i>	WEIGHT <i>143</i>	B.P. <i>136/82</i>			DATE <i>OCT. 7, 68</i>	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS						P WAVES			
PR						QRS		QT	
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NO.		TITLE	DATE
ECG		<i>Aug 1968</i>	<i>10.0.16.8</i>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

condon, joseph f.

CIVILIAN PERSONAL BUILDING
OCCUPATIONAL HEALTH BRANCH

FCMD-5

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

CONDON JOSEPH F
7 Oct 68



II



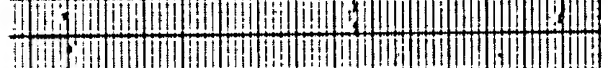
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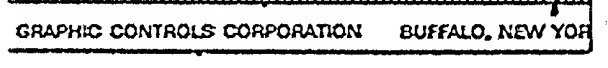
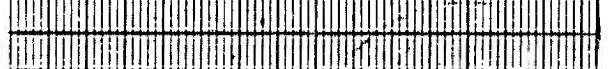
aVR



aVL



aVF



GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK

V1



V2



V3



V4



V5



V6



GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK

REPORT OF MEDICAL HISTORY

U.S. Civil Service Employees and Applicants

Budget Bureau
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME CONDON, JOSEPH F.		2. TITLE OF POSITION SPECIAL AGENT		3. SOCIAL SECURITY NUMBER 072 12 9337	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) 1309 Kirby NE, Albuquerque, N.M. 87112		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/7/68	
7. SEX M	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 21	9. AGENCY FBI		10. ORGANIZATION UNIT	
11. DATE OF BIRTH 3/16/20		12. PLACE OF BIRTH New York, New York		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) Sandia Base Army Hospital	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)					

Excellent

15. DO YOU (Please check at left of each item):						16. HAVE YOU EVER (Please check at left of each item):					
YES	NO	(Check each item)				YES	NO	(Check each item)			
<input checked="" type="checkbox"/>		WEAR GLASSES OR CONTACT LENSES					<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS			
<input checked="" type="checkbox"/>		HAVE VISION IN BOTH EYES					<input checked="" type="checkbox"/>	COUGHED UP BLOOD			
	<input checked="" type="checkbox"/>	WEAR A HEARING AID					<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			
	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY									
	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT									
17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)			YES	NO	DON'T KNOW	(Check each item)		
	<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS				<input checked="" type="checkbox"/>		ASTHMA		
	<input checked="" type="checkbox"/>		DIPHTHERIA				<input checked="" type="checkbox"/>		SHORTNESS OF BREATH		
	<input checked="" type="checkbox"/>		RHEUMATIC FEVER				<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST		
	<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS				<input checked="" type="checkbox"/>		CHRONIC COUGH		
<input checked="" type="checkbox"/>			MUMPS				<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART		
	<input checked="" type="checkbox"/>		COLOR BLINDNESS				<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE		
	<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE				<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS		
	<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS				<input checked="" type="checkbox"/>		FREQUENT INDIGESTION		
	<input checked="" type="checkbox"/>		EYE TROUBLE				<input checked="" type="checkbox"/>		STOMACH, LIVER, OR INTESTINAL TROUBLE		
	<input checked="" type="checkbox"/>		EAR, NOSE, OR THROAT TROUBLE				<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALLSTONES		
	<input checked="" type="checkbox"/>		RUNNING EARS				<input checked="" type="checkbox"/>		JAUNDICE		
	<input checked="" type="checkbox"/>		HEARING LOSS				<input checked="" type="checkbox"/>		ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE		
	<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS			<input checked="" type="checkbox"/>			BROKEN BONES		
	<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE				<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, OR CANCER		
<input checked="" type="checkbox"/>			SINUSITIS				<input checked="" type="checkbox"/>		RUPTURE/HERNIA		
	<input checked="" type="checkbox"/>		MAY FEVER				<input checked="" type="checkbox"/>		APPENDICITIS		
	<input checked="" type="checkbox"/>		HEAD INJURY				<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE		
	<input checked="" type="checkbox"/>		SKIN DISEASES				<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION		
	<input checked="" type="checkbox"/>		GOITER				<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE		
	<input checked="" type="checkbox"/>		TUBERCULOSIS				<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE		
	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)				<input checked="" type="checkbox"/>		BOILS		
									RECENT GAIN OR LOSS OF WEIGHT		
									ARTHRITIS OR RHEUMATISM		
									BONE, JOINT, OR OTHER DEFORMITY		
									LAMENESS		
									LOSS OF ARM, LEG, FINGER, OR TOE		
									PAINFUL OR "TRICK" SHOULDER OR ELBOW		
									RECURRENT BACK PAIN		
									"TRICK" OR LOCKED KNEE		
									FOOT TROUBLE		
									NEURITIS		
									PARALYSIS (Inc. infantile)		
									EPILEPSY OR FITS		
									CAR, TRAIN, SEA, OR AIR SICKNESS		
									FREQUENT TROUBLE SLEEPING		
									FREQUENT OR TERRIFYING NIGHTMARES		
									DEPRESSION OR EXCESSIVE WORRY		
									LOSS OF MEMORY OR AMNESIA		
									NERVOUS TROUBLE OF ANY SORT		
									ANY DRUG OR NARCOTIC HABIT		
									EXCESSIVE DRINKING HABIT		
									PERIODS OF UNCONSCIOUSNESS		
18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			1			19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?			21 yrs.		
						20. WHAT IS YOUR USUAL OCCUPATION?			SPECIAL AGENT		
						21. ARE YOU (Check one)			<input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

OPTIONAL FORM 58
MAY 1968
U.S. CIVIL SERVICE COMMISSION
FPM CHAPTER 293
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred) Tonsilectomy, 1925; Deviated septum, 1952
X		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital) See above - b6 b7C St. Joseph's Hospital, Pittsburgh, Pa.
	X	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	X	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness, or unsuitability)
	X	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINER

JOSEPH F. CONDON

SIGNATURE

Joseph F. Condon

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 25 through 31. Physician may develop by interview any additional medical history he deems important; and record any significant findings here.)

Item 17 - mumps age 5.
Item 17 - Sinusitis - mild
Item 17 - Fracture of Right Great Toe - 8 years ago - no residuals.
Item 25 - Submucous Resection 1952 for deviated nasal Septum.

b6
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

7 Oct '68

SIGN

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>7 BQ</i>						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX <i>M</i>	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE <i>1 Oct 67</i>
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC. VENT.	
INTERVALS PR QRS QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Normal ECG

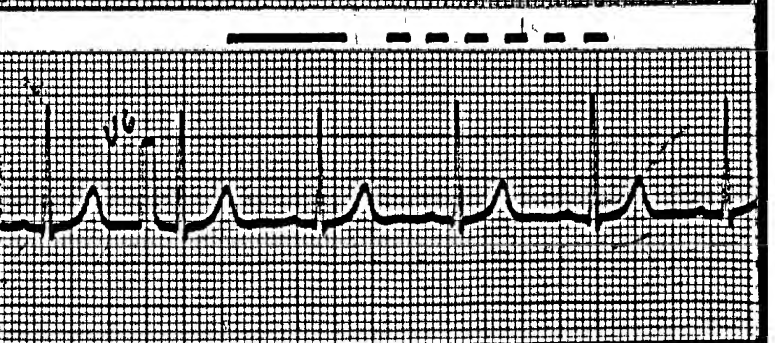
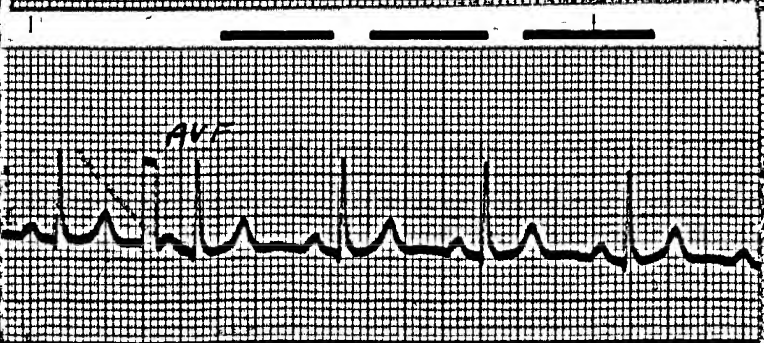
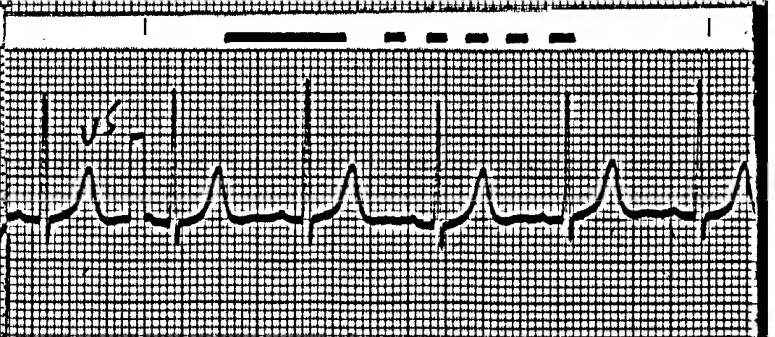
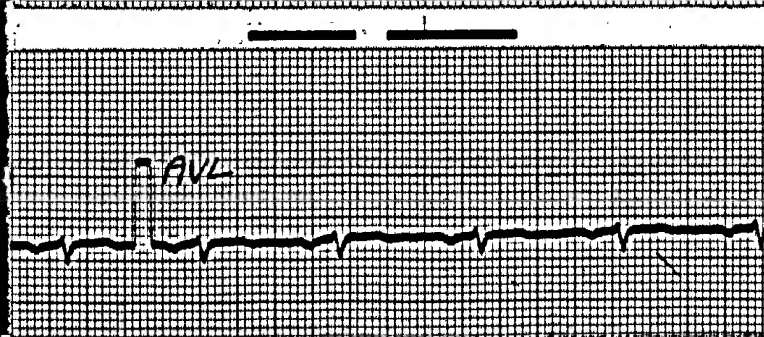
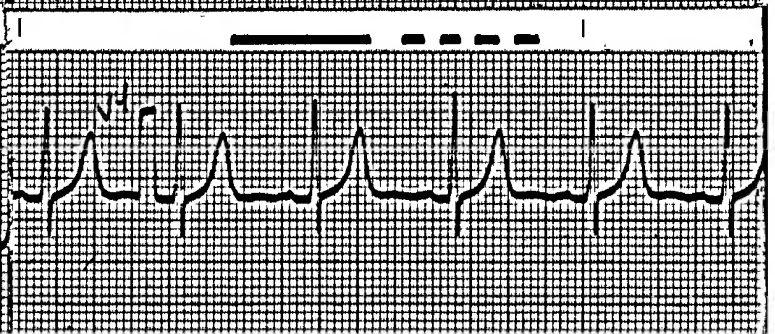
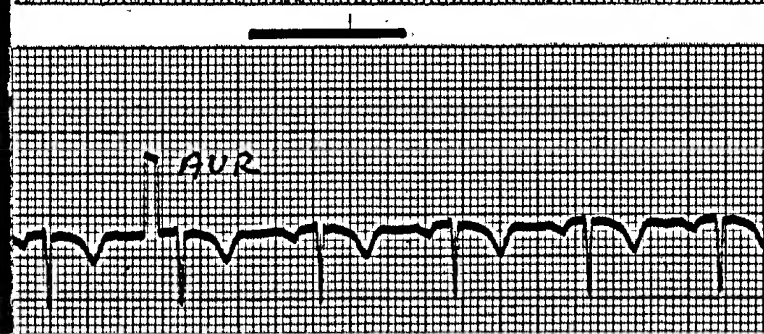
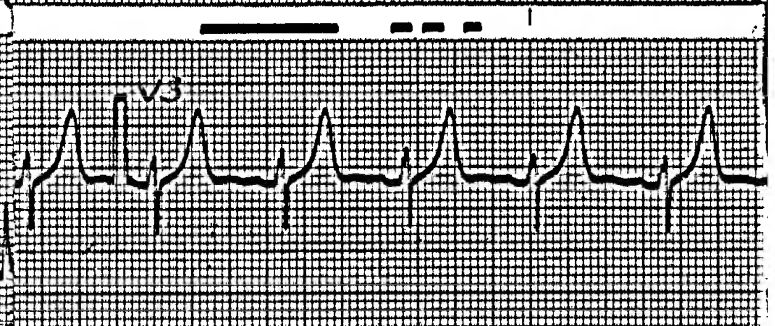
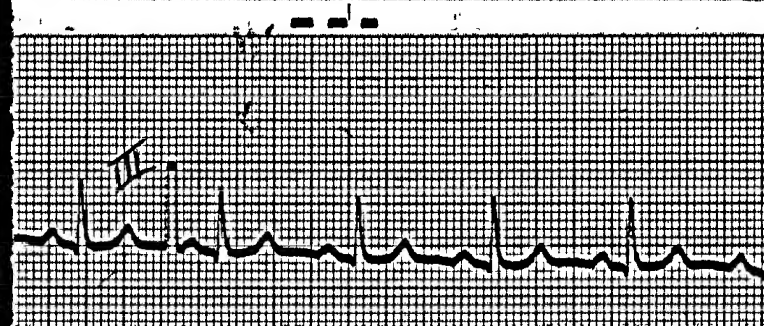
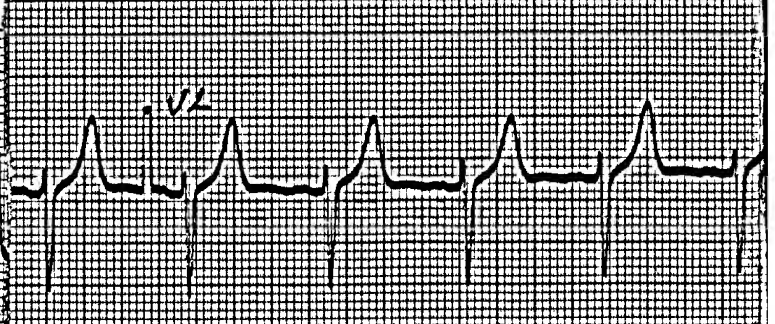
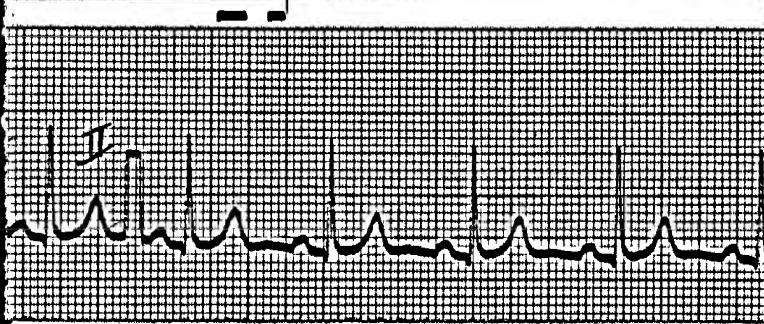
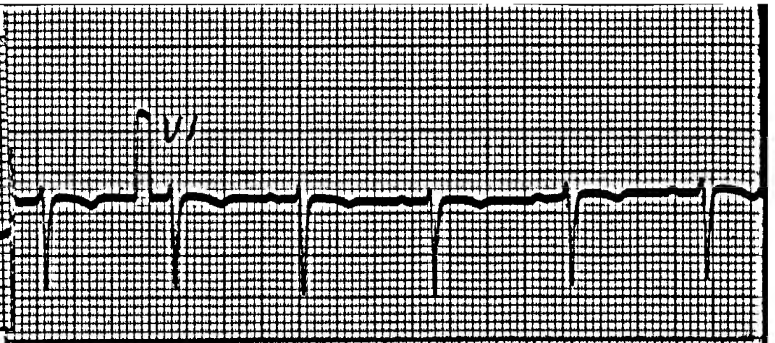
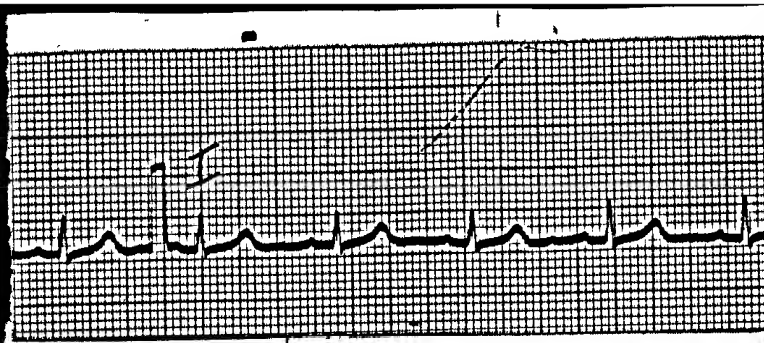
J. Hughes

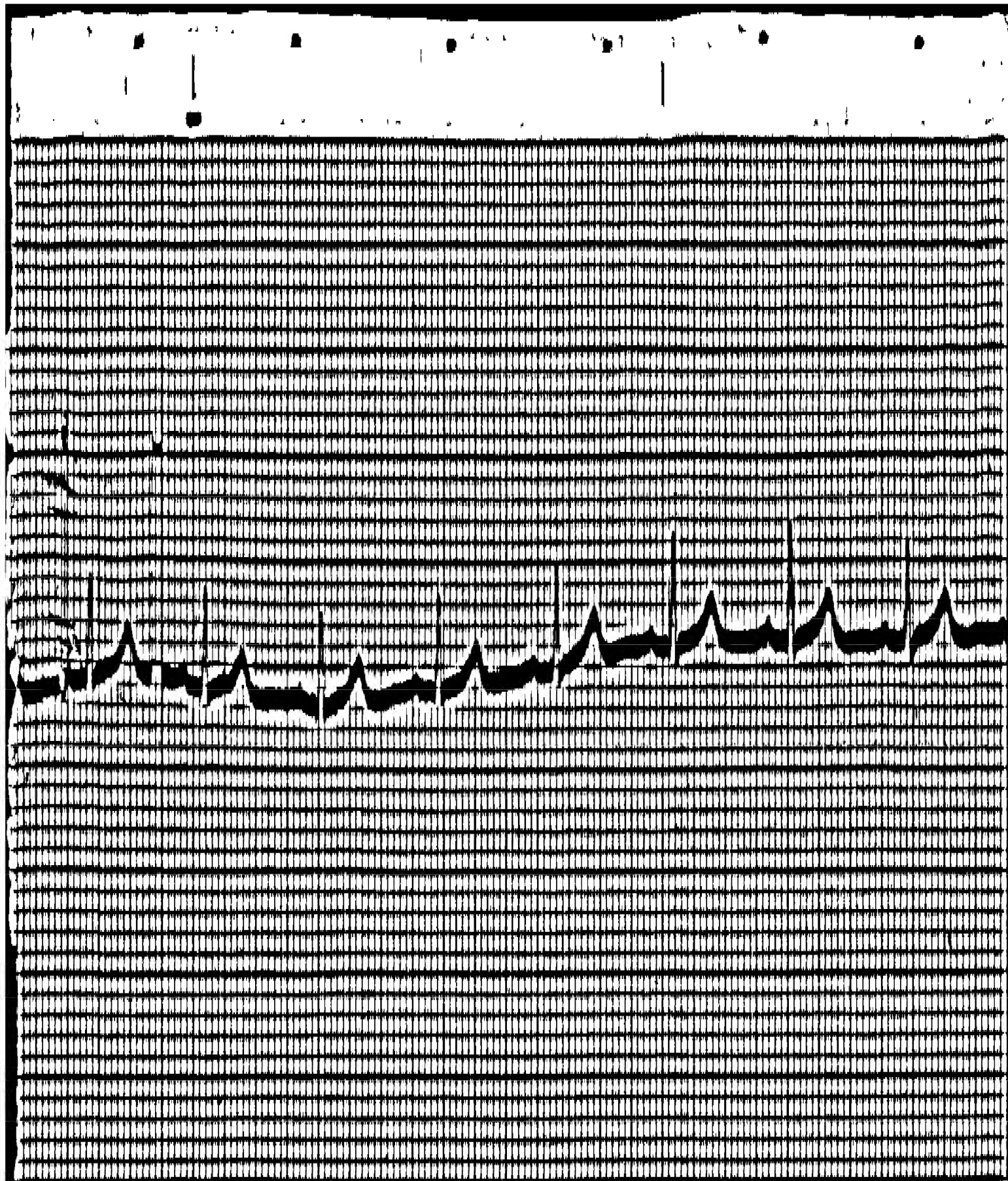
(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG			

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO. <i>PL</i>
--	--------------	-----------------------

Condon, Joseph F.
Kittling AFB, N. Mex. 7 BQ (cin)
 ELECTROCARDIOGRAPHIC RECORD
 Standard Form 520
 520-104
 (Attach tracings to S. F. 507)
Hughes





Beck-See Corporation



CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>Repeat</i>		MEDICATION <i>none</i>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
				<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <i>46</i>	SEX <i>M</i>	RACE <i>Can</i>	HEIGHT <i>69</i>	WEIGHT <i>145</i>	B. P.
SIGNATURE OF WARD PHYSICIAN					DATE <i>28 OCT 66</i>
RHYTHM <i>Sines</i>			AXIS DEVIATION (QRS) <i>+90°</i>	RATES AURIC. <i>80</i> VENT <i>88</i>	
INTERVALS PR <i>.16</i> QRS <i>.06</i> QT <i>.34</i>			P WAVES <i>b6</i> <i>b7C</i>		
QRS COMPLEXES					
RS-T SEGMENT			T WAVES		
UNIPOLAR EXTREMITY LEADS (Specify)					

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Probably normal

in con (Continue on reverse)

NO. ECG	S	TITLE <i>MD</i>	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

CONDON, Joseph
FBI

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

JLR

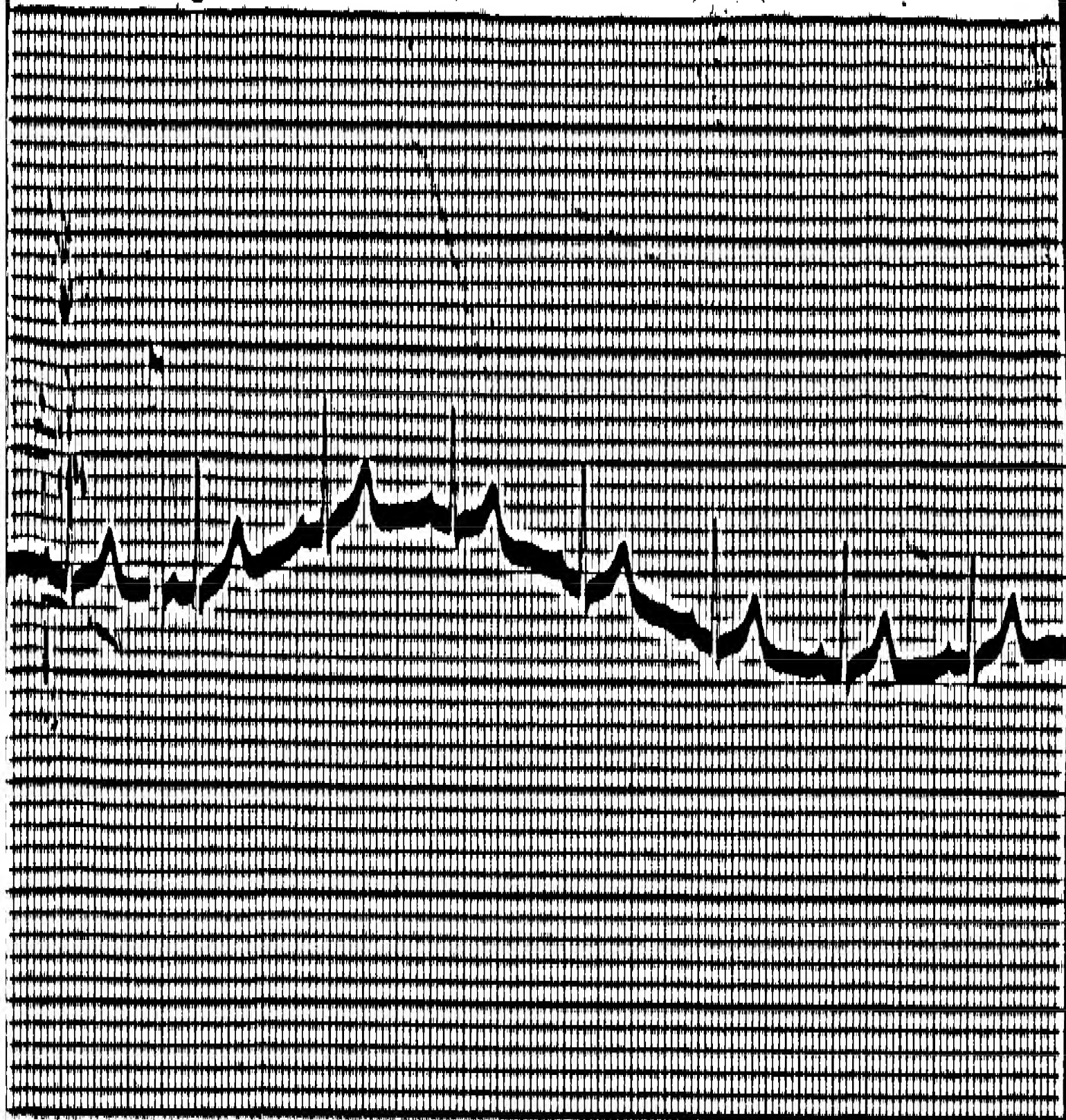
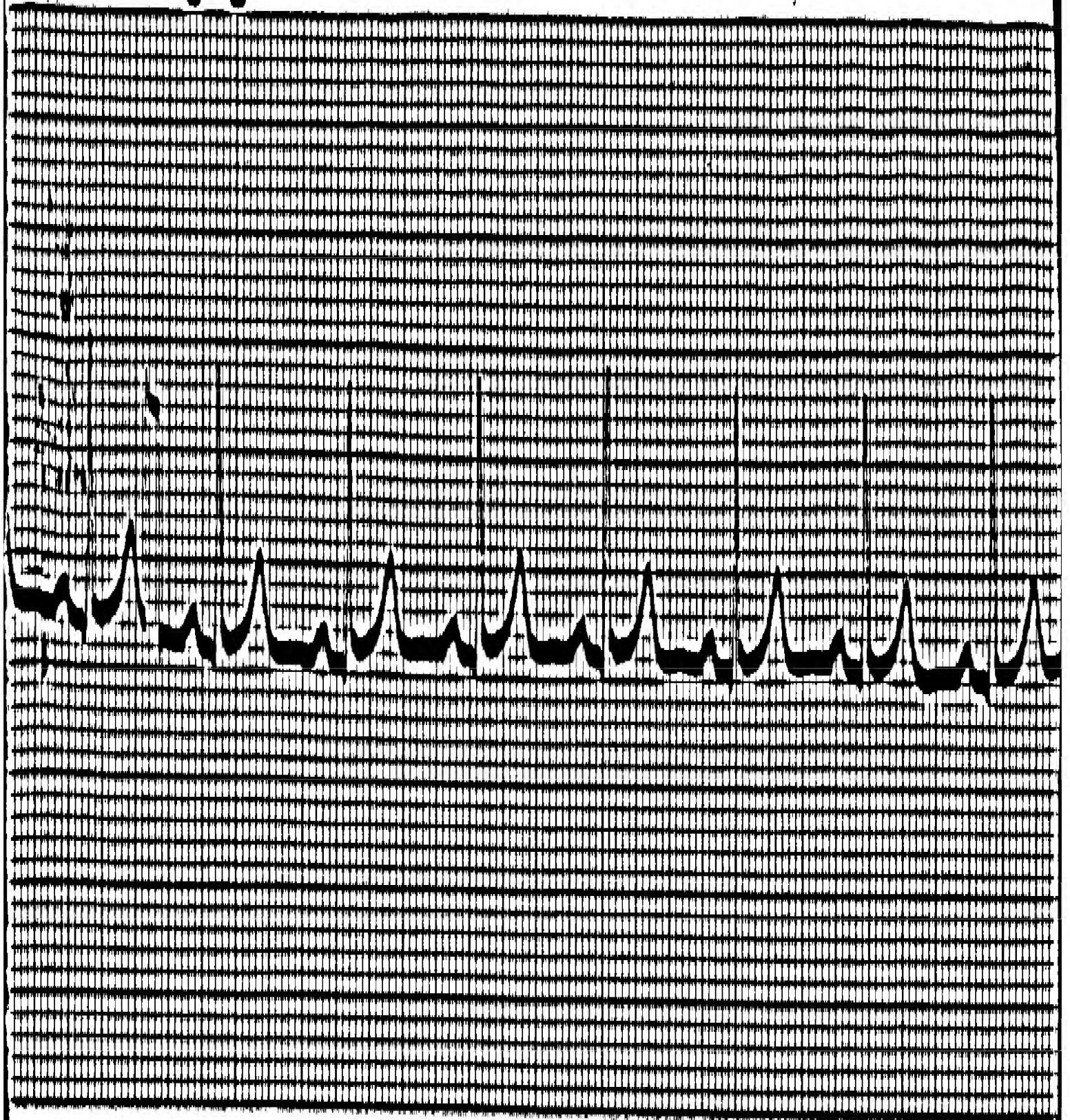


CHART NO. GOS-62



Beck-See Corporation

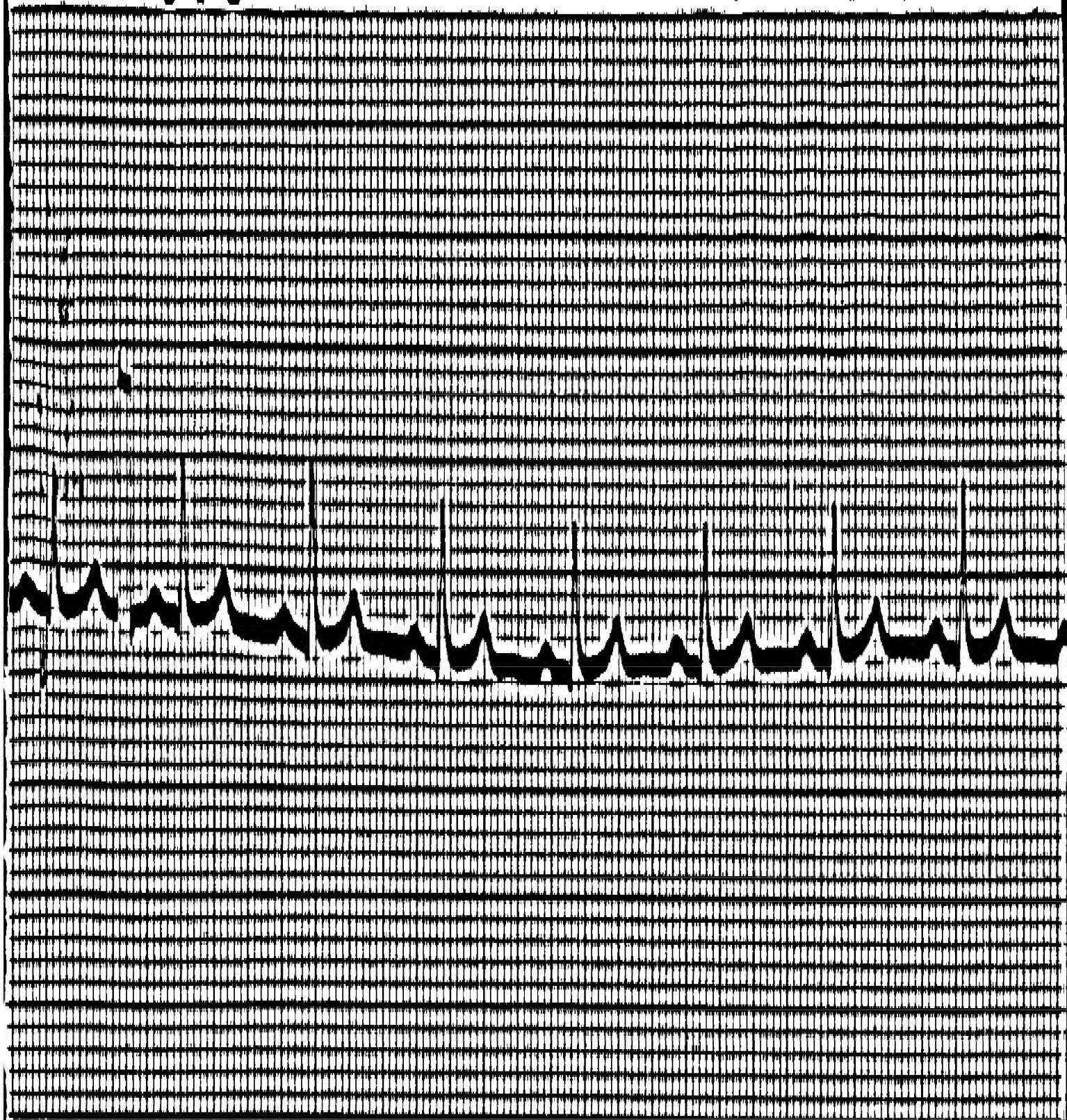
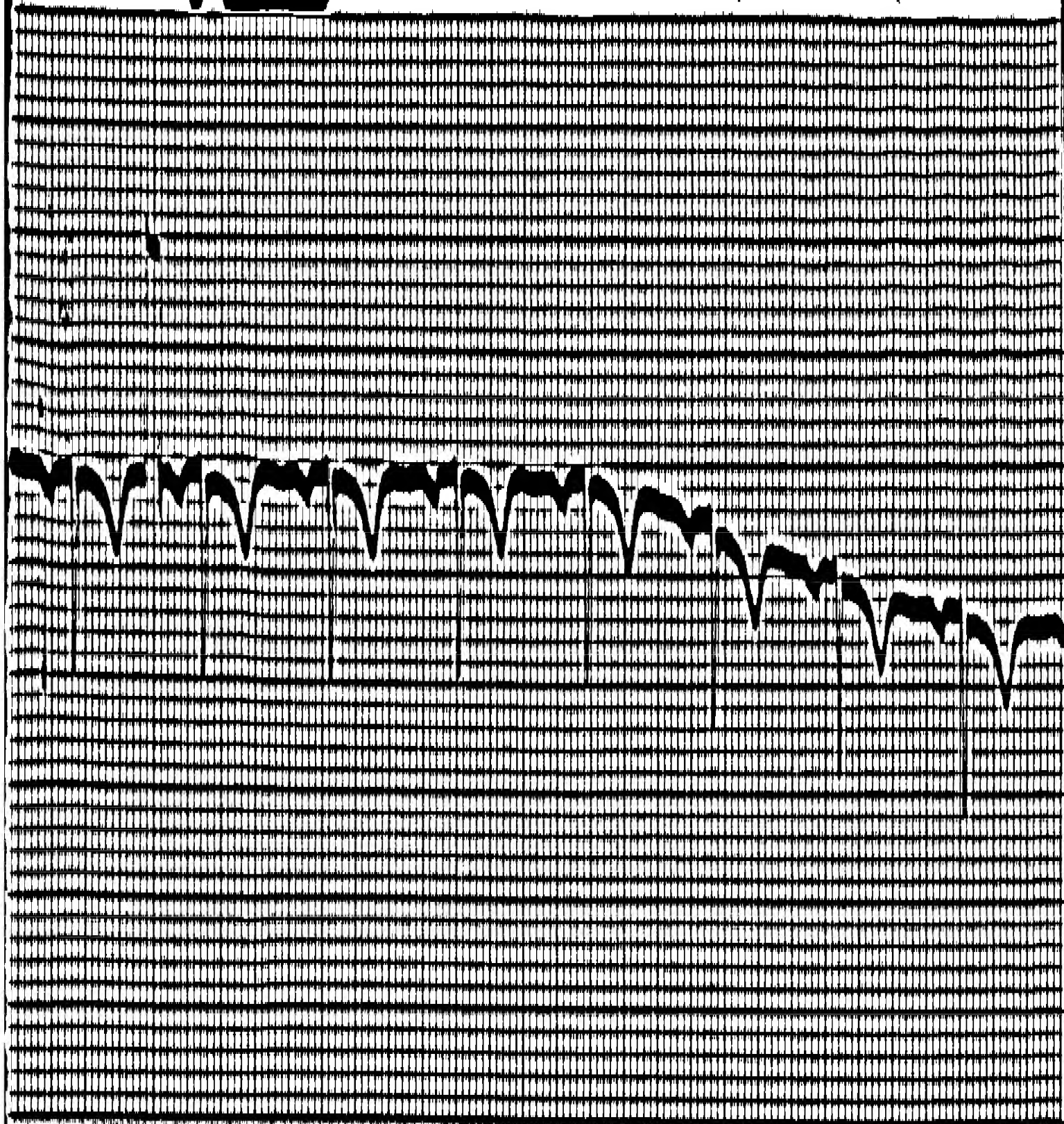


CHART NO. GOS-62



Beck-See Corporation

Beck-See Corporation

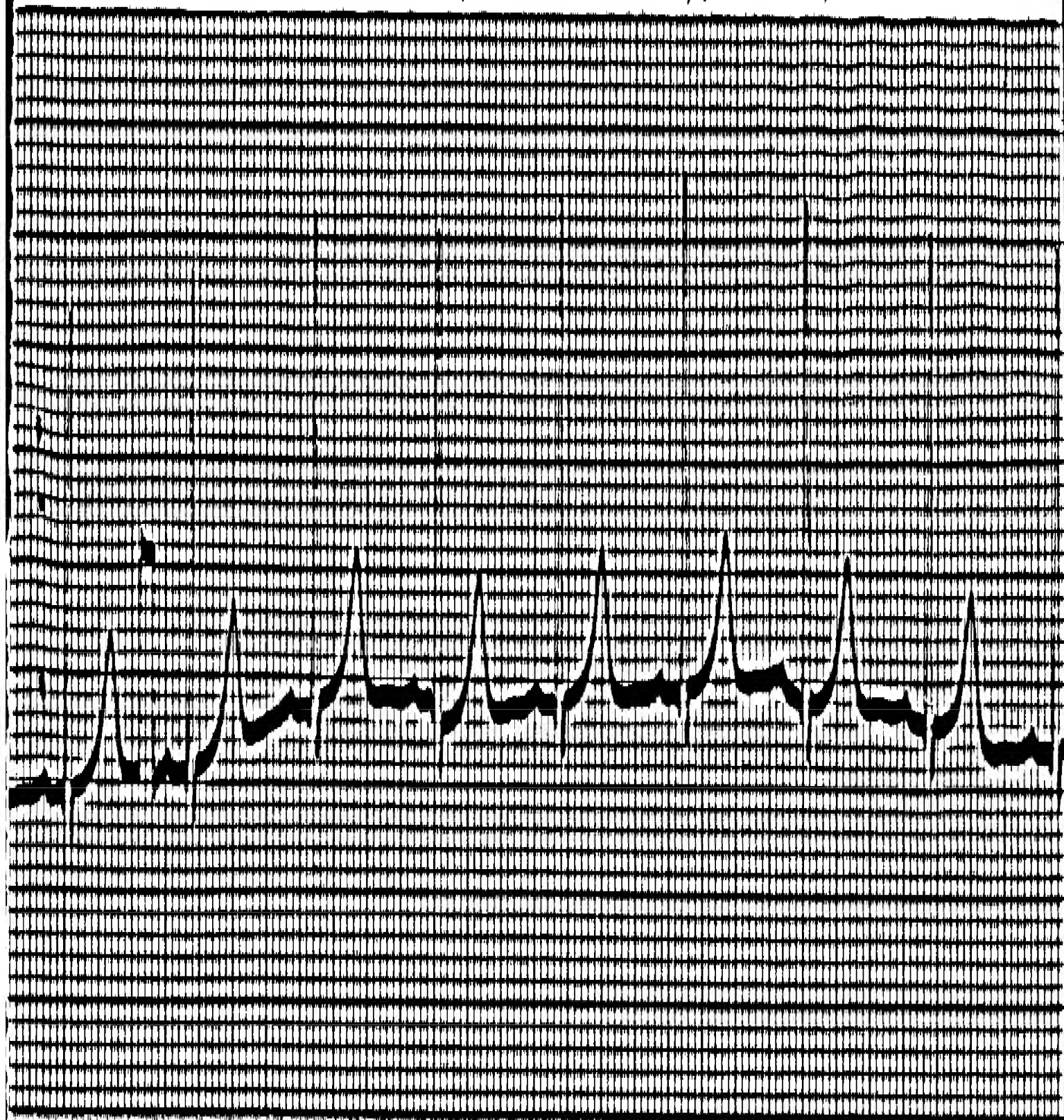
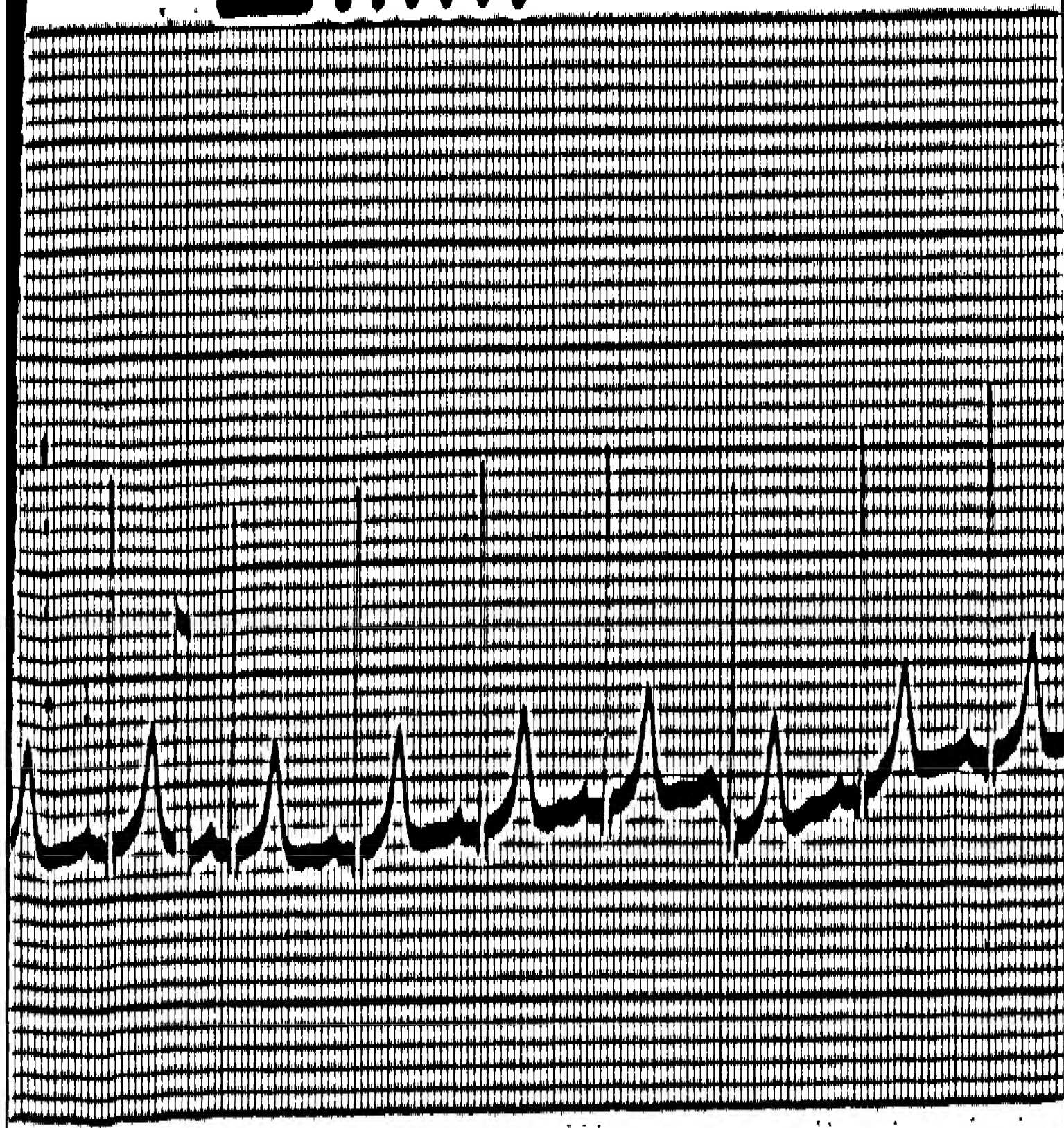


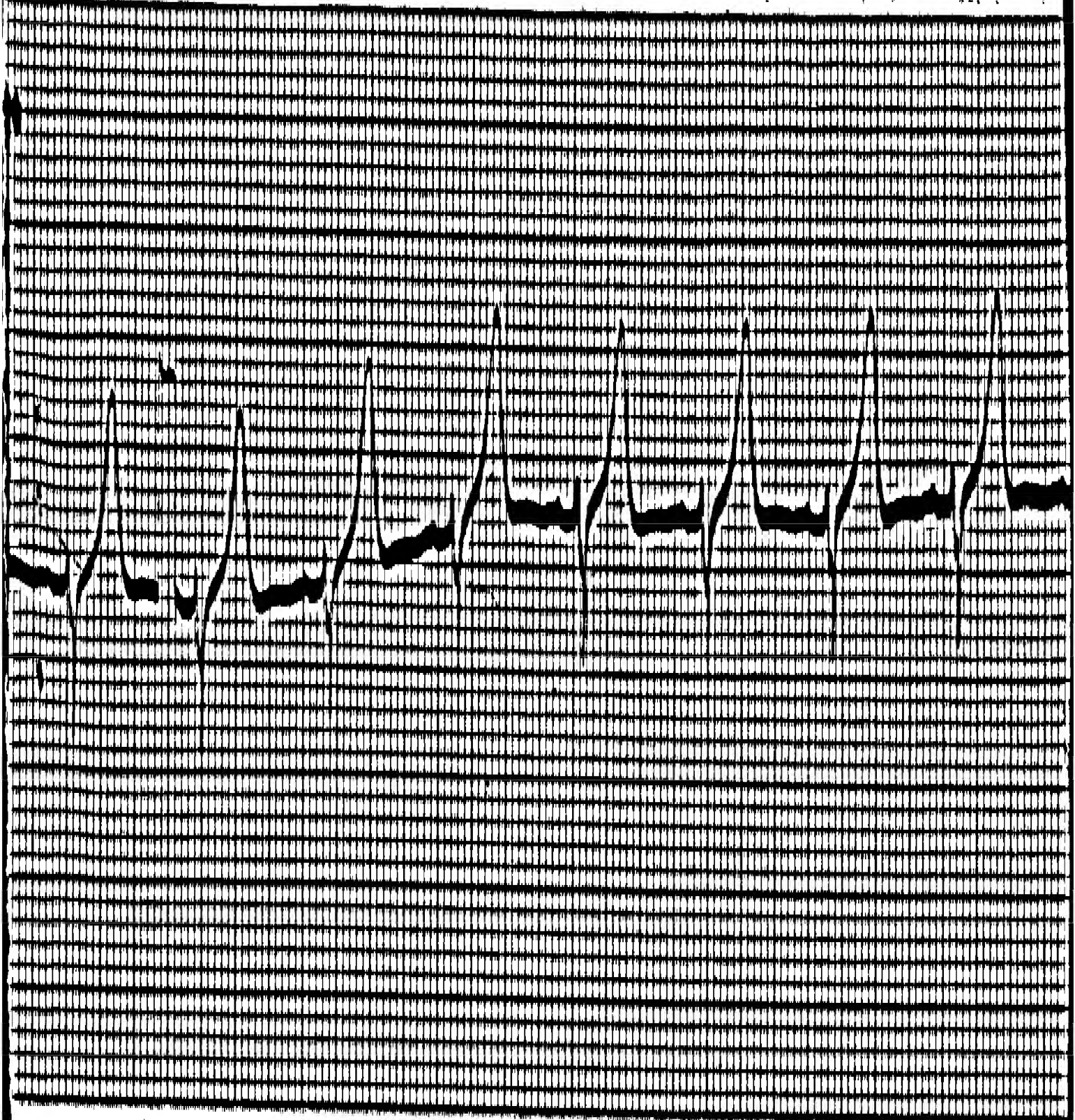
CHART NO. GOS-62

_____ ● ● ● ● ● ●



0:GOS-62

RECEIVED



A-See Corporation

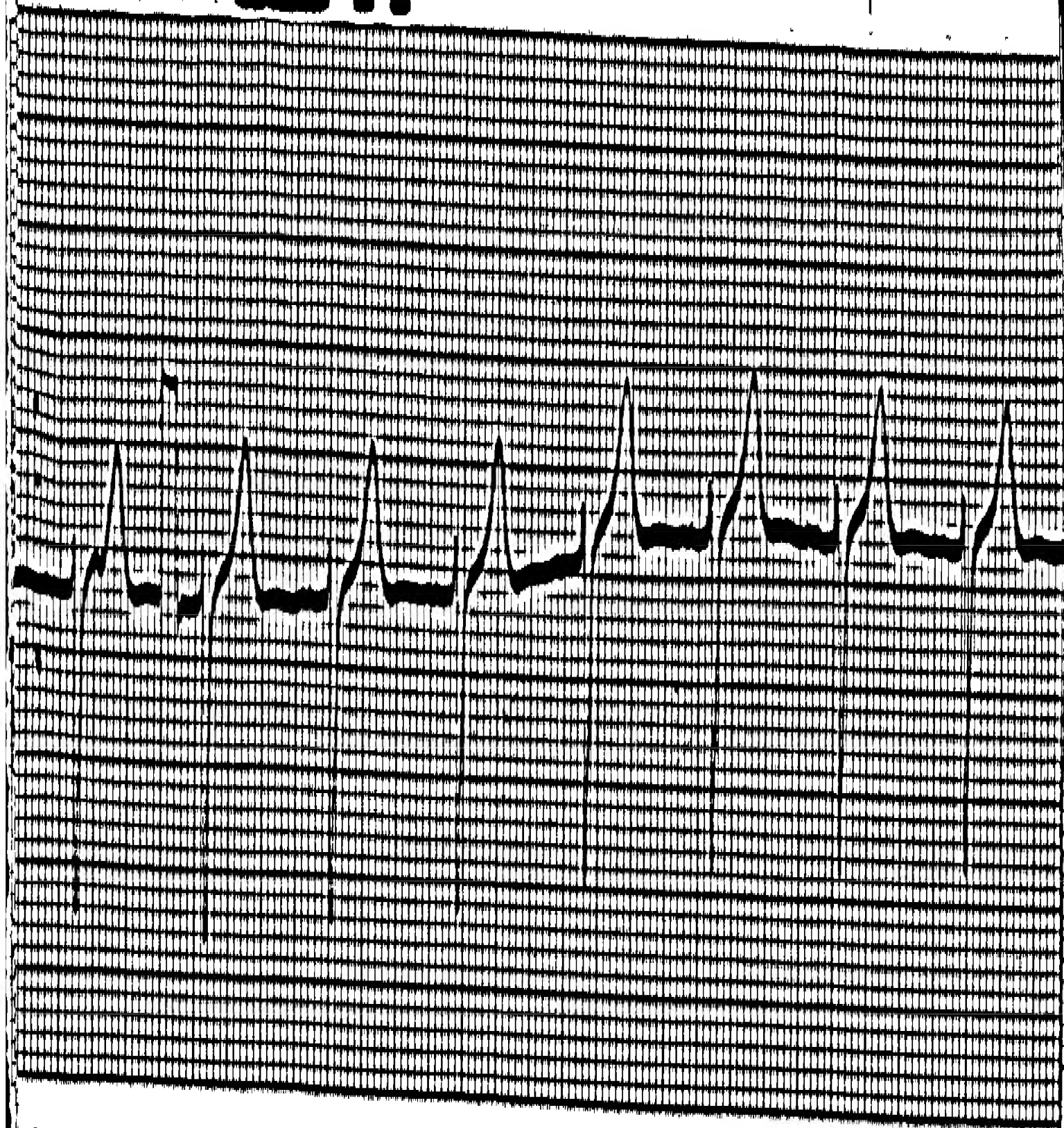


CHART NO. GOS-62

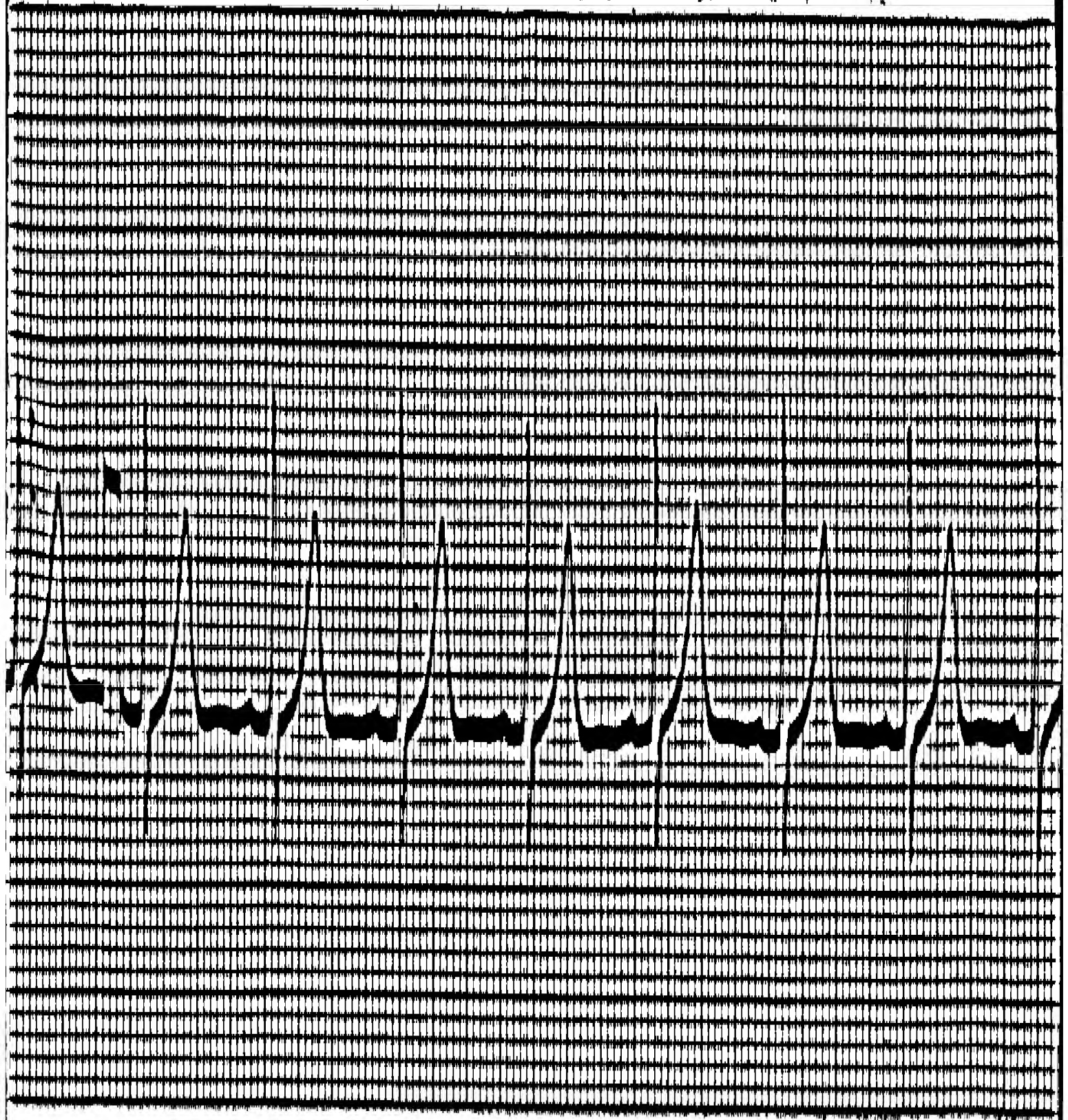


CHART NO. GOS-62

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION <i>PERIODIC EXAM</i>						MEDICATION <i>NONE</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT	
AGE <i>46</i>	SEX <i>M</i>	RACE <i>CAUC</i>	HEIGHT <i>69</i>	WEIGHT <i>145</i>	B.P. <i>124/80</i>	SIGNATURE OF WARD PHYSICIAN <i>Flight Surgeon</i>		DATE <i>7-5-66</i>	
RHYTHM <i>Sinus</i>						AXIS DEVIATION (QRS) <i>+40°</i>		RATES AURIC. <i>75</i> VENT. <i>75</i>	
INTERVALS PR <i>.18</i> QRS <i>.06</i> QT <i>.36</i>						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Probably normal
Poor R wave progression across
precordium is probably
positional

Suggest: Repeat EKG
(Continue on reverse)

NO. ECG	SIG	TITLE <i>MD</i>	DATE
PATIENT'S IDENTIFICATION (For typed or written entries give: name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. <i>FSD</i>

CORRY, Joseph F.
SPECIAL AGENT - FBI

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION Annual Physical				MEDICATION None		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT			
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
45	Male	Cau	69	145	110/72			2 Nov 65	
RHYTHM Normal Sinus				AXIS DEVIATION (QRS) Normal		RATES AURIC. 90 VENT. 90			
INTERVALS PR .14 QRS .08 QT .36				P WAVES Normal					
QRS COMPLEXES									
RS-T SEGMENT Normal				T WAVES Normal					
UNIPOLAR EXTREMITY LEADS (Specify)									

b6
b7C

PRECORDEIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG		CAPT MC USAF	4 Nov 65
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
		NA	ESQ

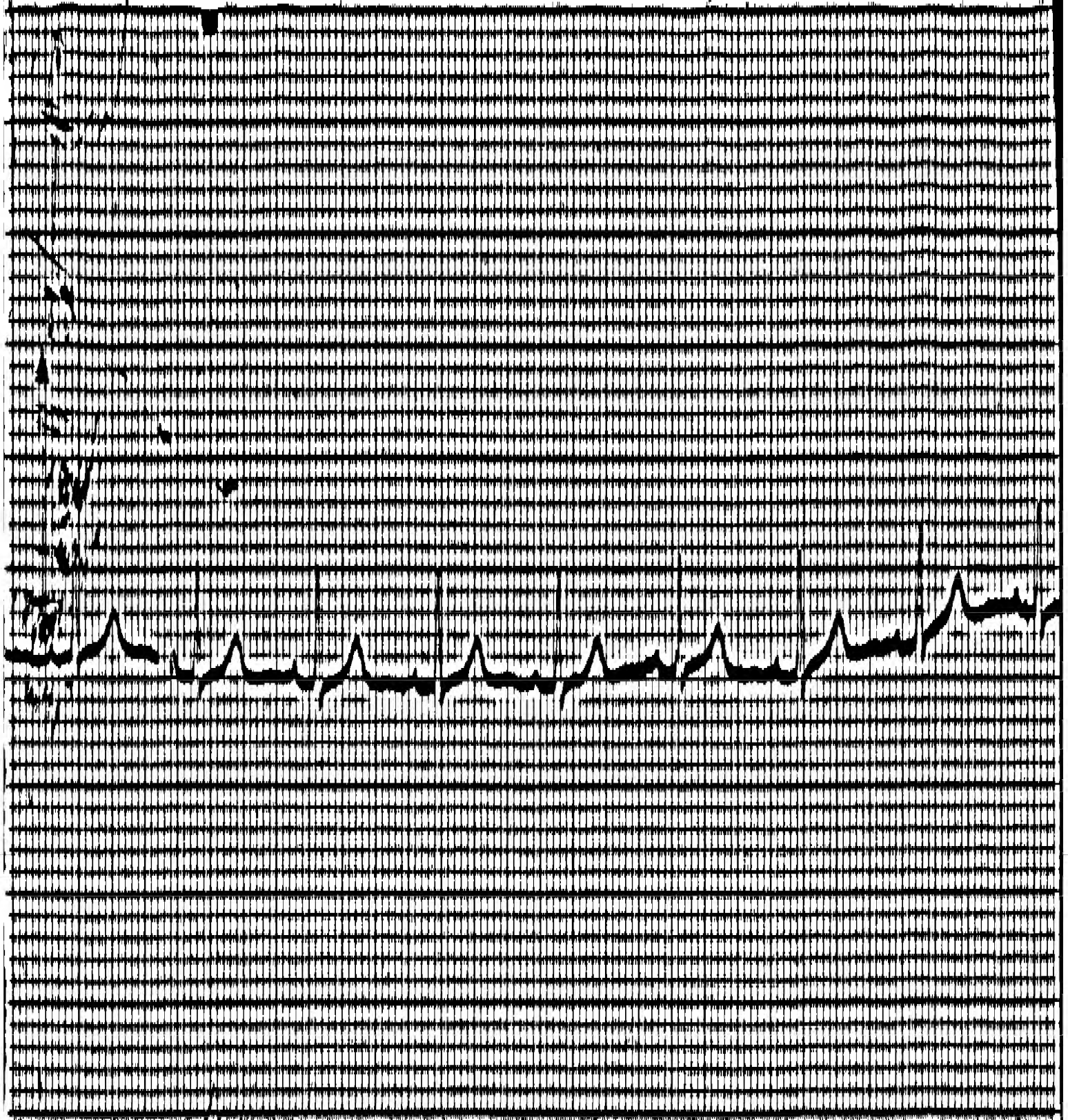
CONDON, Joseph F.

USAF HOSPITAL, WALKER AFB NMEX

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

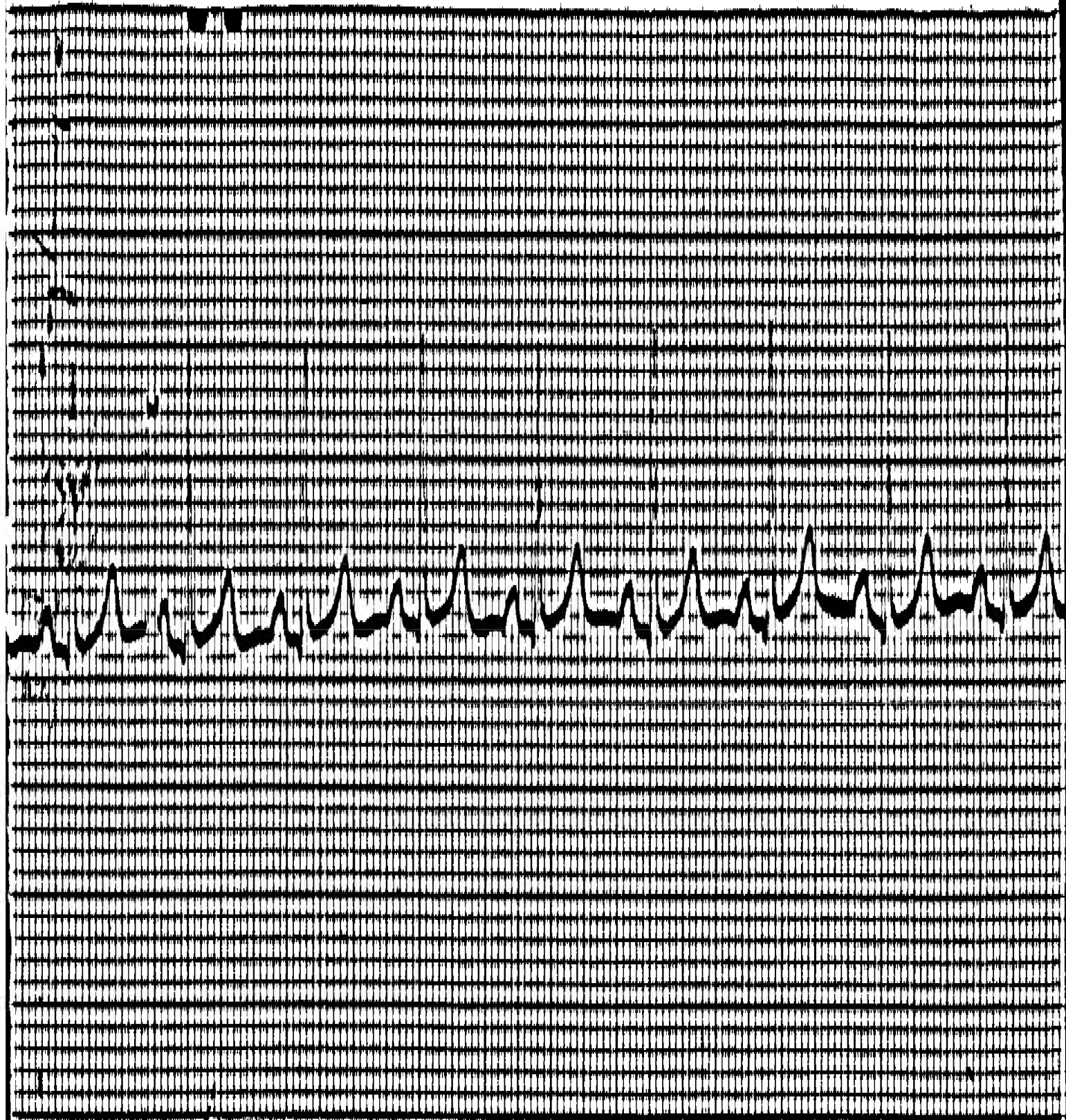
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LUMISCOP



MADE IN U.S.A.

LUMIS



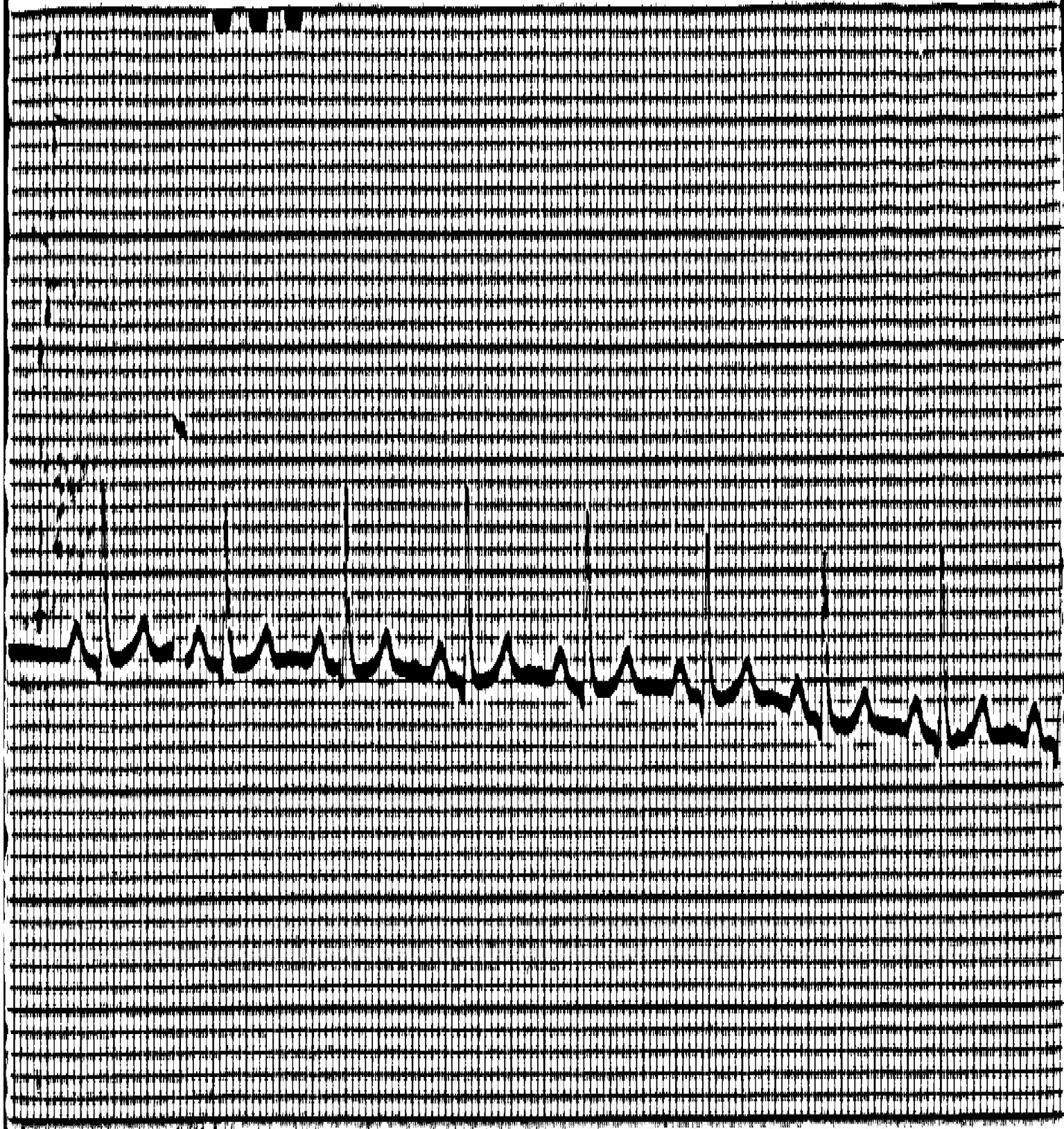
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63

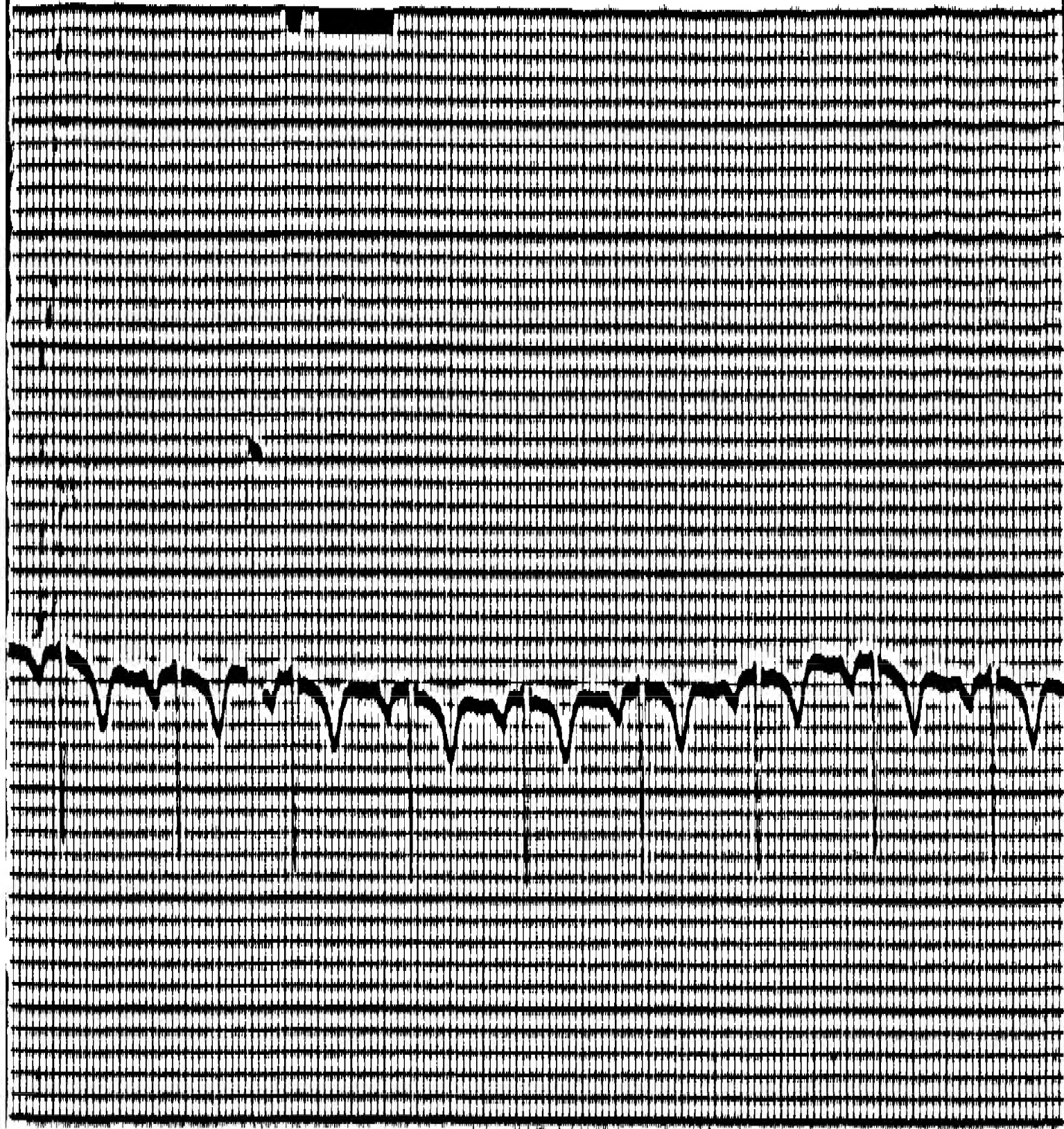
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MADE IN U.S.A.



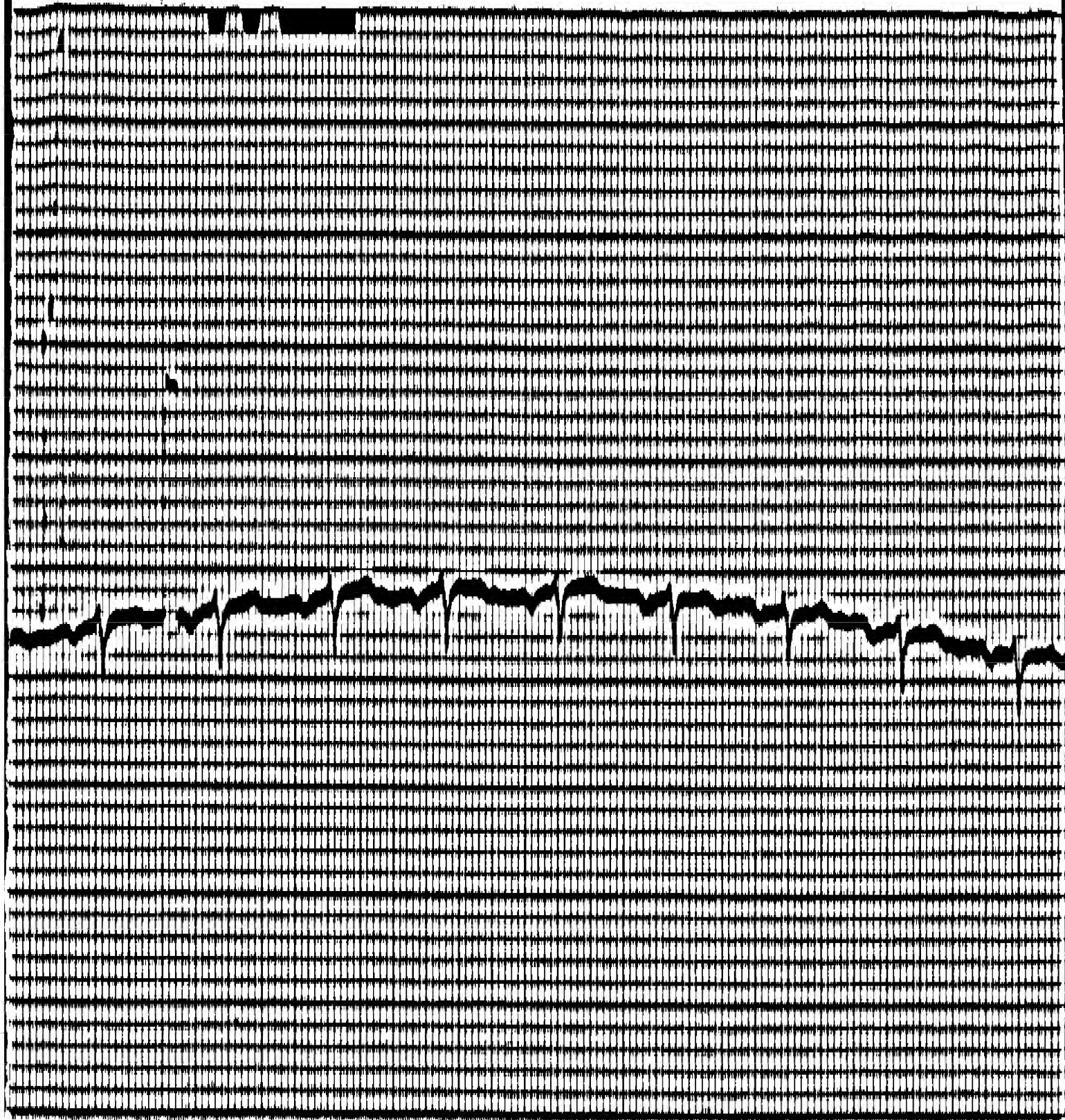
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LUMISCOPE, NEW YORK



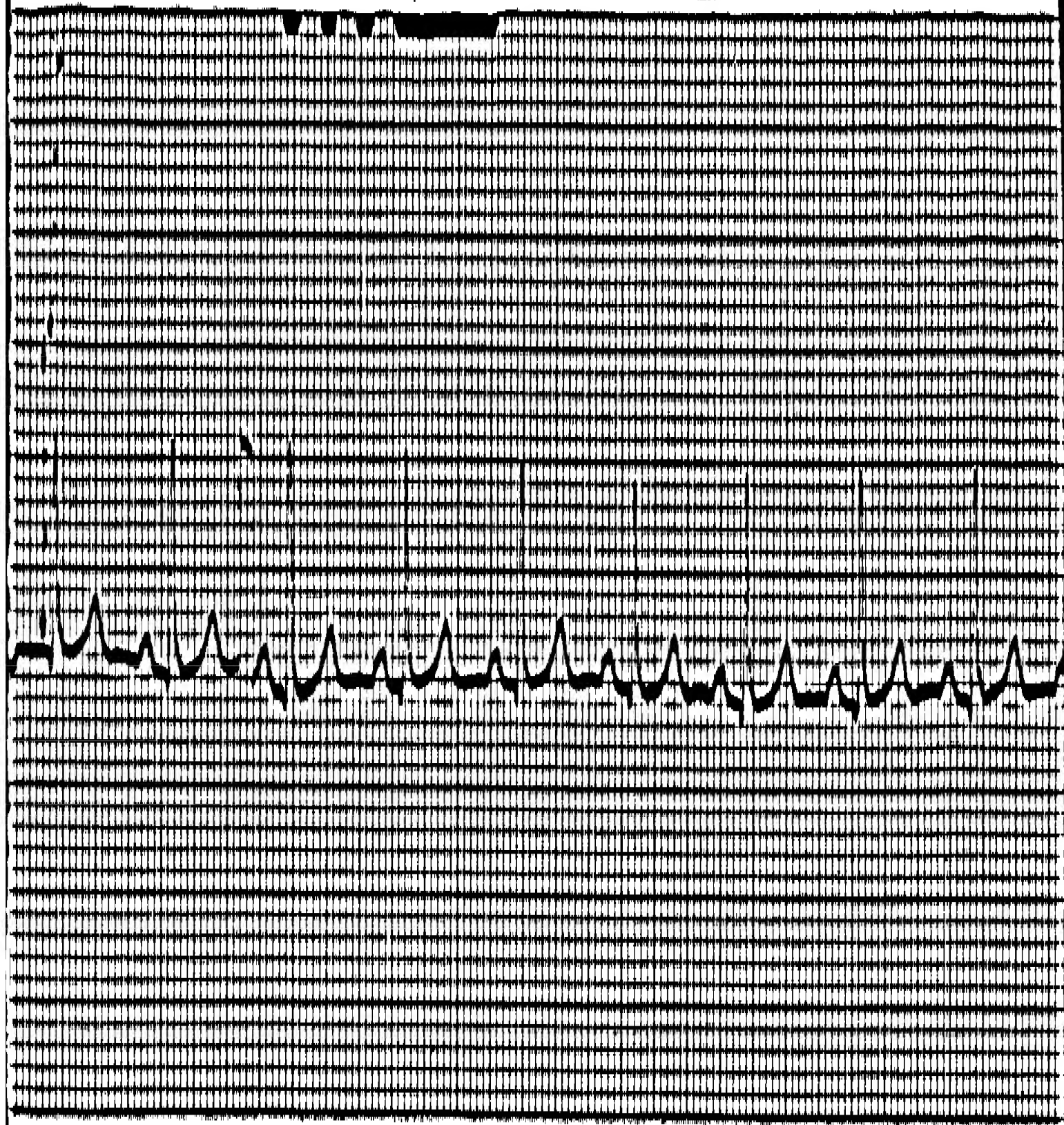
IN U.S.A.

LUMISCRIBE CH

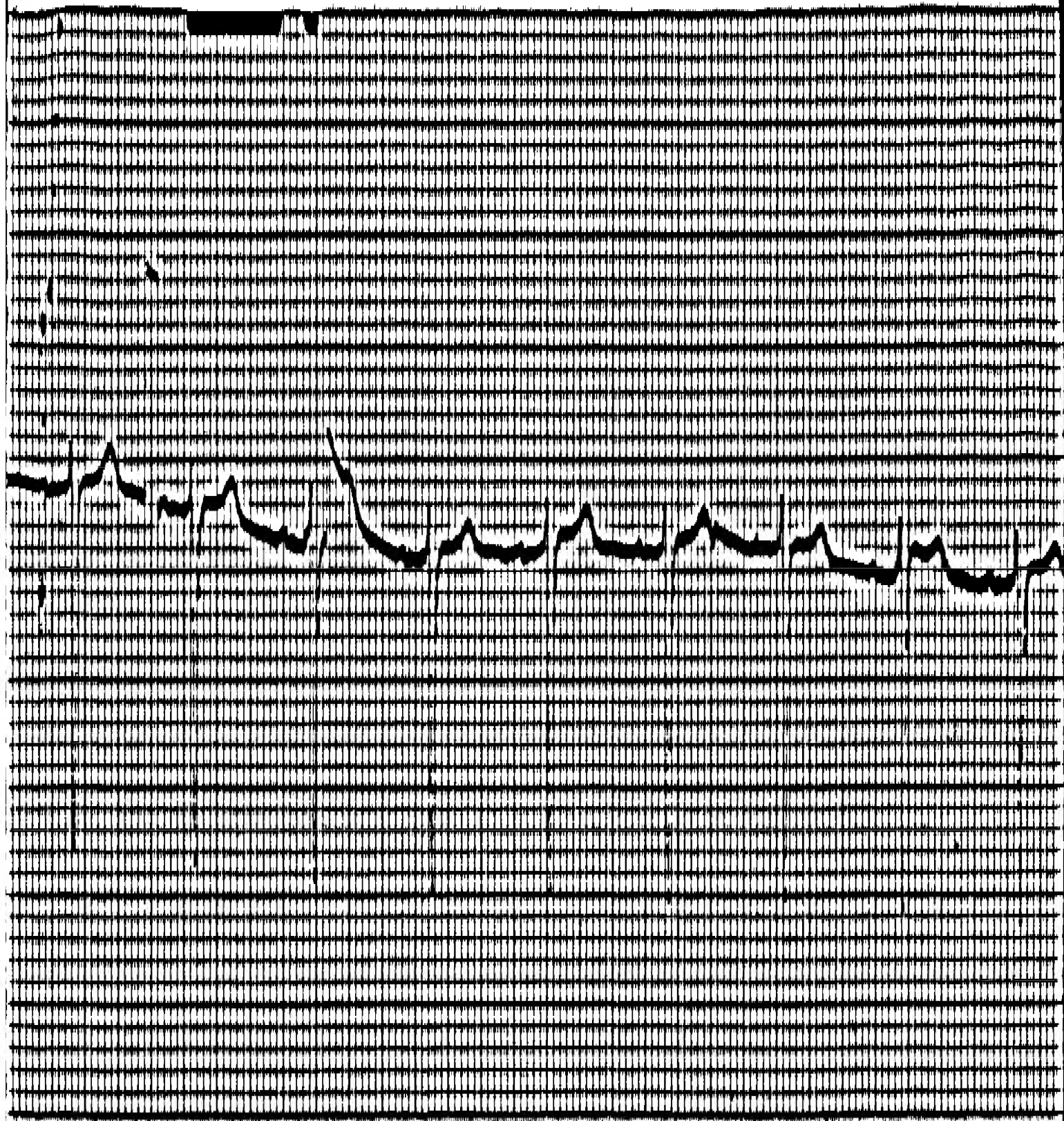


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MADE IN U.S.A.



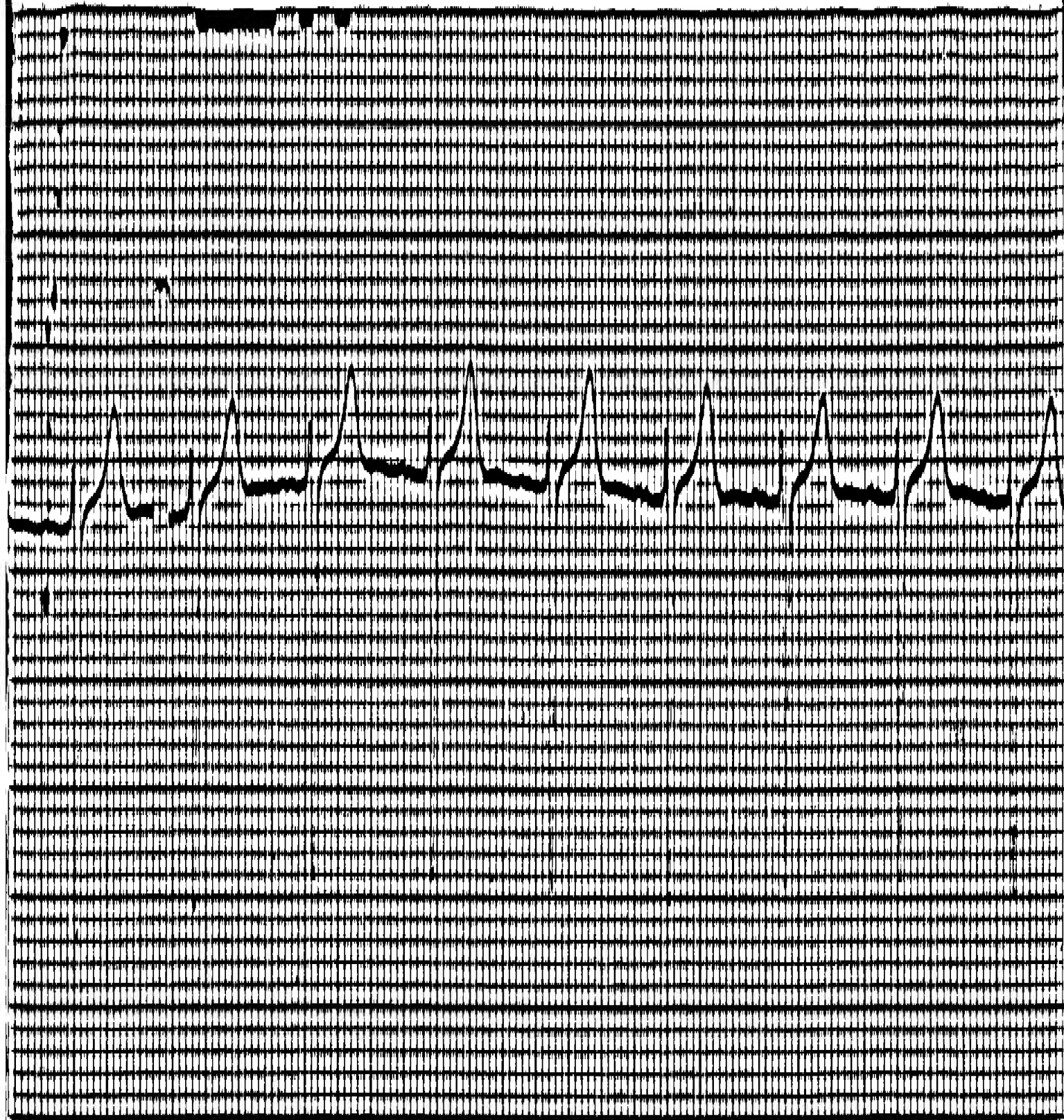
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O. 63

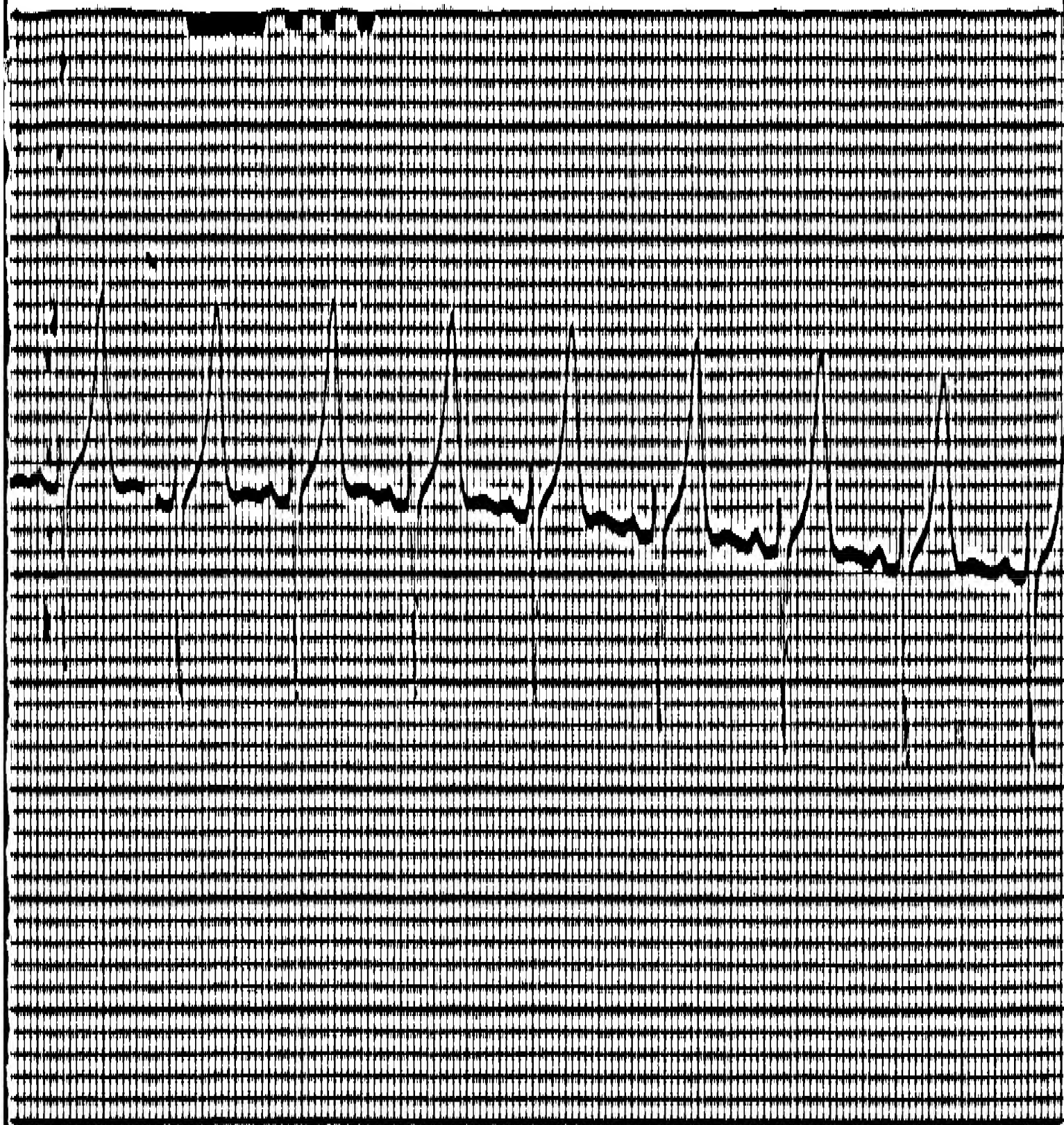
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MADE IN U.S.A.



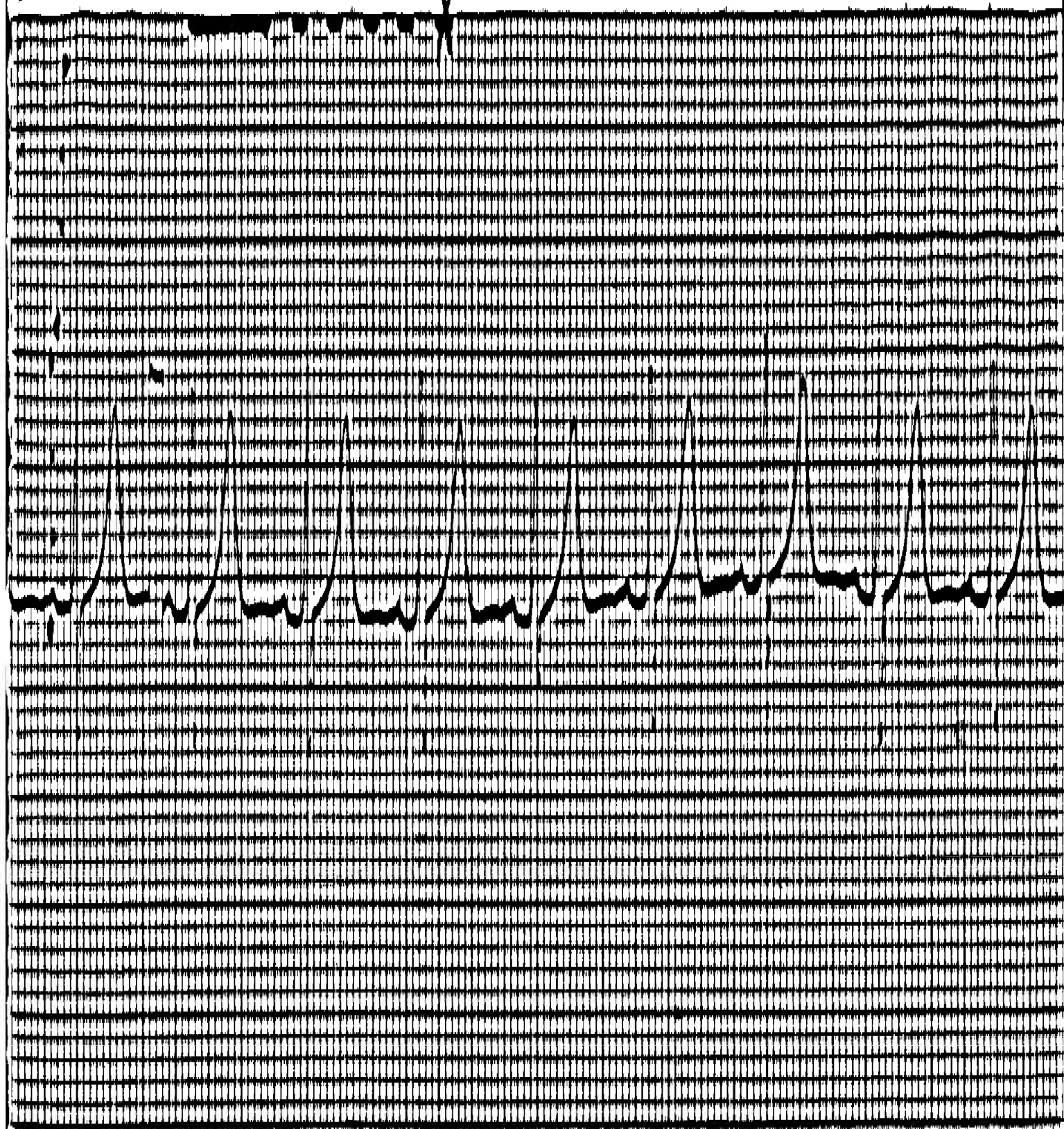
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LUMISCOPE, NEW



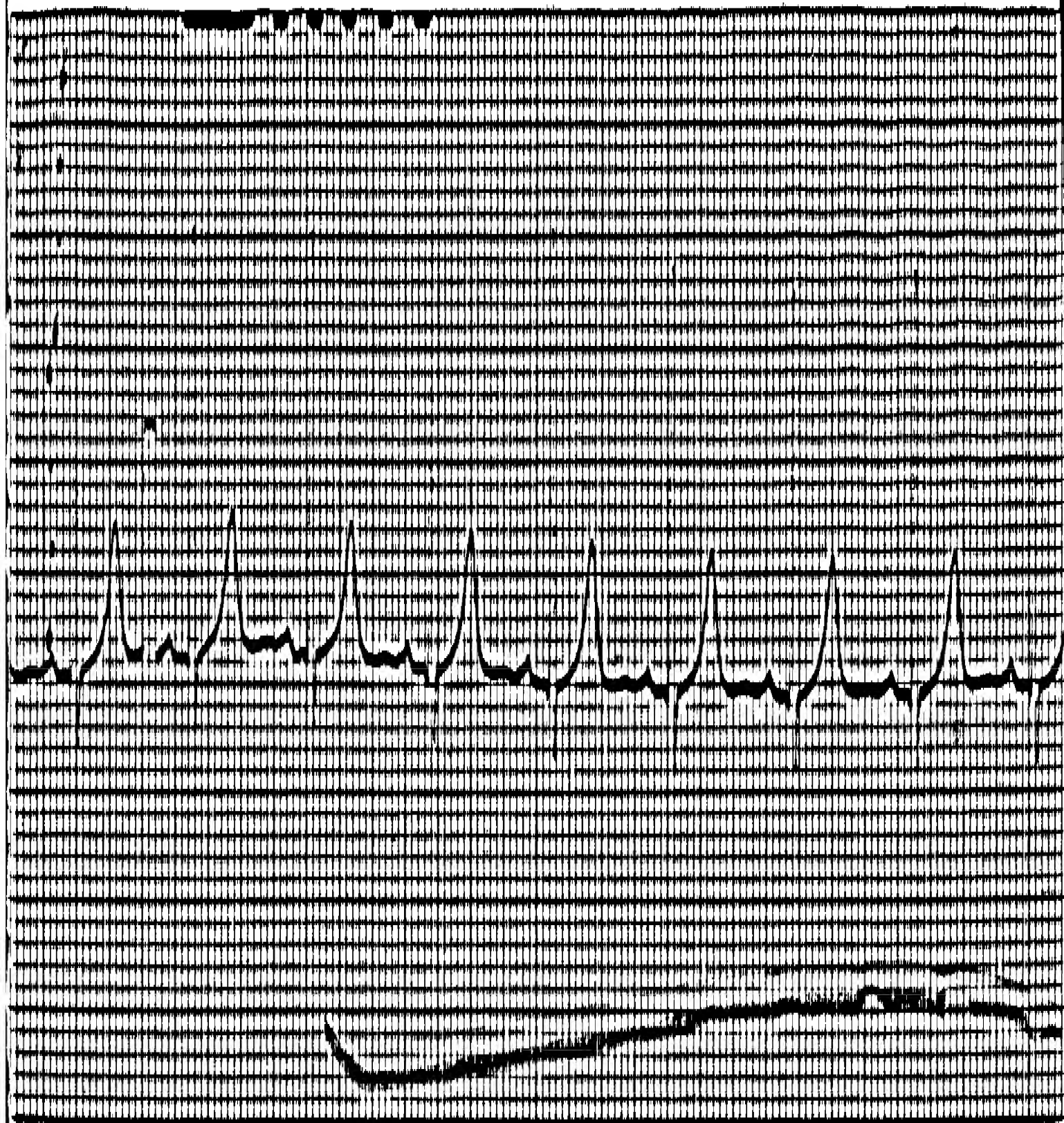
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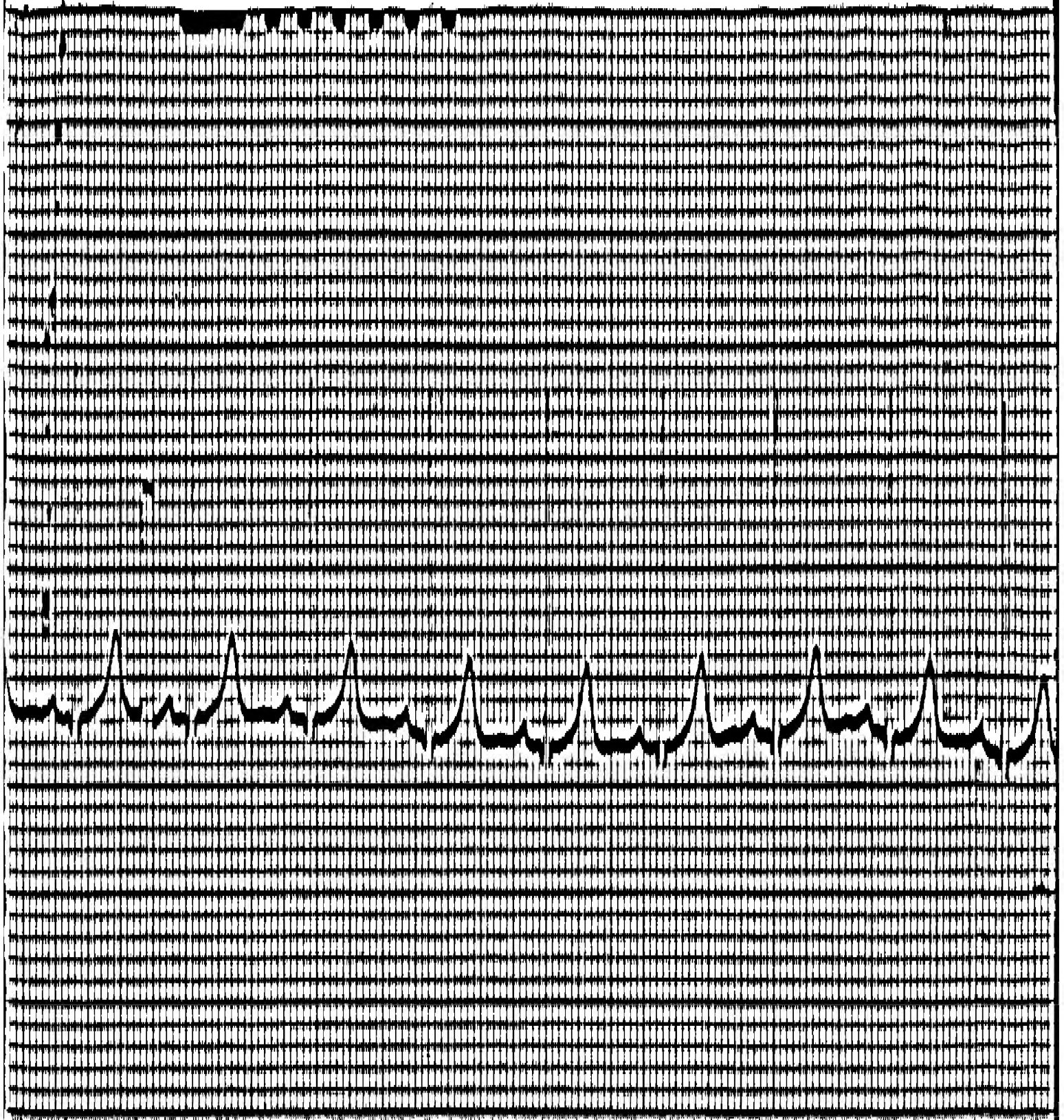
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MADE IN U.S.A.



LUMISCRIBE CHART NO. 63

LUMISCOPE, NEW YORK 3, N.Y.



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION Annual Physical						MEDICATION None				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
										<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN				DATE	
45	Male	Cau	69	145	110/72					2 Nov 65	
RHYTHM						AXIS DEVIATION (QRS)				RATES	
Normal Sinus						Normal				AURIC. 90 VENT. 90	
INTERVALS						P WAVES					
PR .14 QRS .08 QT .36						Normal					
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
Normal						Normal					
UNIPOLAR EXTREMITY LEADS (Specify)											

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WITHIN NORMAL LIMITS

NO.				SIGNATURE				TITLE				DATE	
ECG				[Signature]				CAPT MC USAF				4 Nov 65	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)								REGISTER NO.				WARD NO.	
								NA				FSO	

CONDON, Joseph F.

USAF HOSPITAL, WALKER AFB NMEX

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Ortiz
1 Data Proc
meff
Soley

Part A.—IDENTIFYING DATA

1. NAME (LAST) Condon, Joseph F.	2. DATE OF BIRTH 3-16-20	3. CARRIER CONTROL NO. 3215073
4. ADDRESS (INCLUDING ZIP CODE) 1309 Kirby Northeast Albuquerque, New Mexico 87112	5. PAYROLL OFFICE I.D. 15-02-0001	6. ENROLLMENT CODE NO. 442
	7. SOCIAL SECURITY ACCOUNT NO. 072 12 9337	8. DATE THIS ACTION BECOMES EFFECTIVE 3-14-75

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

Part B.—TERMINATION

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 8, ABOVE.

Part C.—CHANGE IN PLAN

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

Part D.—TRANSFER OUT

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☒ **Bureau of Retirement, Insurance,
and Occupational Health
Civil Service Commission
Washington, D. C. 20415**

Part E.—TRANSFER IN

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

Part F.—SUSPENSION

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE.

Part G.—REINSTATEMENT

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 8, ABOVE. ☐

Part H.—CHANGE IN NAME OF ENROLLEE

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐YOUR NEW ENROLLMENT
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

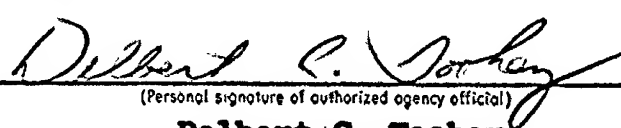
Part J.—REMARKS

Employee annuitant

Part K.—DATE OF NOTICE

67- NOT RECORDED	2-14-75 DATE	12/60 3/16
FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON, D. C. 20535		
ADDRESS (INCLUDING ZIP CODE)		

AGENCY CERTIFICATION OF INSURANCE STATUS
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) CONDON, JOSEPH F.		2(a). DATE OF BIRTH (Month, Day, Year) 3-16-20	2(b). SOCIAL SECURITY NUMBER 072 12 9337						
3. CHECK THE REASON FOR TERMINATING INSURANCE									
<table border="0"><tr><td>(a) <input type="checkbox"/> SEPARATED</td><td>(c) <input type="checkbox"/> DIED</td><td rowspan="2"><input type="checkbox"/> 12 MONTHS NON-PAY STATUS</td><td rowspan="2"><input type="checkbox"/> OTHER (Specify)</td></tr><tr><td>(b) <input checked="" type="checkbox"/> RETIRED</td><td>HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></table>				(a) <input type="checkbox"/> SEPARATED	(c) <input type="checkbox"/> DIED	<input type="checkbox"/> 12 MONTHS NON-PAY STATUS	<input type="checkbox"/> OTHER (Specify)	(b) <input checked="" type="checkbox"/> RETIRED	HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
(a) <input type="checkbox"/> SEPARATED	(c) <input type="checkbox"/> DIED	<input type="checkbox"/> 12 MONTHS NON-PAY STATUS	<input type="checkbox"/> OTHER (Specify)						
(b) <input checked="" type="checkbox"/> RETIRED	HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO								
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY									
<table border="0"><tr><td>(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED</td><td>(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY</td><td>(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)</td></tr></table>				(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)			
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED	(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY	(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)							
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.									
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) 3-14-75	6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. 31,888.25 ANNUUM	7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-T):	8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)						
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.									
 (Personal signature of authorized agency official) Delbert C. Toohey (Typed name of authorized agency official) Federal Bureau of Investigation (Name of agency)		3-14-75 (Date) Supervisory Special Agent (Title) Washington, D. C. 20535 (Mailing address, including ZIP Code of agency)							

SEE OTHER SIDE
FOR
INSTRUCTIONS TO EMPLOYING AGENCY

orig SF 2810 + copy of SF 56
to Genl at 13699 Hwy NE,
Albuquerque, NM 87112.
Copy of SF 2810, orig SF 2809
+ SF 56 sent to Data
Processing 3-3-75 lrb

67-NOT RECORDED 34
PART 3 - FILE COPY APR 7 1975

3/26

INSTRUCTIONS TO EMPLOYING AGENCY

COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
 - a. Death.
 - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
 - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
 - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
 - (1) Employee waived or declined on SF 176 (or SF 176-T);
 - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
 - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF 2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

DISPOSITION OF CERTIFICATION

1. Death of employee—
 - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
 - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
 - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
 - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
 - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
 - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

- | | | |
|------------------------|-------------------------|--------|
| (Employee's signature) | (Address—print or type) | (Date) |
|------------------------|-------------------------|--------|
- a. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
 3. If employee is receiving compensation benefits—
 - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
 - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
 - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
 4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
 5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIREMENT

The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

ADDITIONAL INFORMATION

SUPPORT OF APPLICATION FOR CIVIL SERVICE RETIREMENT

(To be completed by **employing office** and attached to employee's application for retirement)

GENERAL INSTRUCTION: Consult FPM Supplement 831-1, Retirement, for complete information on Civil Service Retirement.

SPECIFIC INSTRUCTION: Complete both sides of this form and attach to employee's application for retirement, SF 2801. If additional space is needed, use official agency letterhead stationery. Authorized personnel official must certify as shown in Part G on other side of this form.

A. IDENTIFICATION OF APPLICANT

1. NAME OF APPLICANT (Last, First, Middle) CONDON, JOSEPH FRANCIS	2. DATE OF BIRTH (Month, Day, Year) 3-16-20	3. SOCIAL SECURITY ACCOUNT NUMBER 072 12 9337
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B. INFORMATION CONCERNING ADDITIONAL CREDITABLE CIVILIAN SERVICE, IF ANY

1. SERVICE COMPUTATION DATE (Month) (Day) (Year) 4-26-42	2. REVIEW PERSONNEL FOLDER. DOES APPLICANT HAVE CREDITABLE CIVILIAN SERVICE NOT COVERED BY CIVIL SERVICE RETIREMENT CONTRIBUTIONS (Including Federal service covered by social security or another retirement system for Federal or District of Columbia employees)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--	---

3. IF ANSWER IN ITEM 2 IS YES, COMPLETE SCHEDULE BELOW TO SHOW SERVICE VERIFIED BY OFFICIAL DOCUMENTS IN PERSONNEL FOLDER, INCLUDING THE EFFECTIVE DATE AND RATE OF EACH PAY CHANGE. UNDER "REMARKS" SHOW ANY PERIOD OF LEAVE WITHOUT PAY, TIME ACTUALLY WORKED IF EMPLOYMENT WAS INTERMITTENT, OR TOUR OF DUTY IF EMPLOYMENT WAS PART TIME WITH A REGULAR TOUR OF DUTY.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of prior civilian service is NOT acceptable for retirement purposes. If employee claims civilian service NOT verified by official personnel documents, do not delay submission of application for retirement. Instead, have applicant attach a signed statement to his application, giving dates of claimed service, position titles, location of employment, and agency name including bureau and division.

EFFECTIVE DATE	ACTION	BASE PAY	FEDERAL AGENCY	RETIREMENT SYSTEM (If any)	REMARKS
*1-21-46	Appointed		War Department		*Per BRI 49-112A Claim
*11-8-46	Terminated				#CSD-657211 deposit paid.
1-20-47	Appointed		FBI	CS	(Retirement deductions began)
3-14-75	Ret. Lib.				
TOTAL VERIFIED CIVILIAN SERVICE 28-11-13			TOTAL UNVERIFIED CIVILIAN SERVICE 0-0-0		

C. INFORMATION CONCERNING CREDITABLE MILITARY SERVICE (If claimed by applicant)

1. IF APPLICANT CLAIMS RETIREMENT CREDIT FOR MILITARY SERVICE, IS A COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE ATTACHED TO APPLICATION FOR RETIREMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NOTE: A military discharge certificate submitted with application for retirement is acceptable only if it shows specific dates of active service and character of discharge.
--	--

2. IF APPLICANT HAS NOT ATTACHED AN ACCEPTABLE COPY OF OFFICIAL MILITARY DISCHARGE CERTIFICATE, BUT EXACT DATES OF ACTIVE, HONORABLE MILITARY SERVICE HAVE BEEN VERIFIED IN PERSONNEL FOLDER (By prior comparison with official military discharge certificate) FOR VETERANS PREFERENCE OR OTHER PURPOSES, COMPLETE SCHEDULE BELOW. DO NOT DELAY SUBMISSION OF APPLICATION FOR RETIREMENT TO VERIFY SERVICE IF UNVERIFIED. IF SERVICE NOT VERIFIED IN PERSONNEL FOLDER, SO STATE BELOW.

IMPORTANT: SF 144, Statement of Prior Federal Civilian or Military Service, or comparable document containing applicant's unverified allegation of military service, is not acceptable for retirement purposes.

FROM	TO	BRANCH	CHARACTER OF DISCHARGE	TIME LOST, IF ANY
1-7-42	12-12-45	U. S. Army Air Force	Honorable	None
TOTAL VERIFIED MILITARY SERVICE 3-11-6			TOTAL UNVERIFIED MILITARY SERVICE 0-0-0	

3. IS APPLICANT IN RECEIPT OF MILITARY RETIRED PAY? <input type="checkbox"/> Yes. Attach a copy of applicant's military retired pay order, if available.	4. IF YES, HAS APPLICANT WAIVED MILITARY RETIRED PAY TO CREDIT MILITARY SERVICE FOR CIVIL SERVICE RETIREMENT? (See FPM Supplement 831-1, Retirement, Subchapter S3-5f.) <input type="checkbox"/> Yes. Attach copy of military finance center letter to employee accepting waiver, if available. <input type="checkbox"/> No. (Includes cases where waiver unnecessary)
---	--

67-101 NOT RECORDED

CSC 1984 APR 4 1975
May 1971

ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM

10/6

D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, attach agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• Attach certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • Attach Duplicate copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • Send Original copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below:	<input type="checkbox"/> NO. Give reason below:
<input checked="" type="checkbox"/> Eligible to continue regular insurance only.	<input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability.
<input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:	<input type="checkbox"/> Waived all life insurance coverage.
2-13-68	<input type="checkbox"/> Not eligible for life insurance.
(Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)	<input type="checkbox"/> Other (specify)
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information:	<input type="checkbox"/> NO. Give reason below:
442	<input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability.
Enrollment Code Number	<input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.
3215073	<input type="checkbox"/> Not enrolled for health benefits.
Carrier Control Number	<input type="checkbox"/> Other (specify)

3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below:	
<p>PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT</p> <p>SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted after separation for retirement.</p> <p>LIFE INSURANCE DOCUMENTATION</p> <p><input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation attach original copy of SF 56 (Agency Certification of Insurance Status)</p> <p>NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.</p> <p>HEALTH BENEFITS DOCUMENTATION</p> <p><input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation attach personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.</p>	<p>PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE</p> <p>SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval before separation for retirement.</p> <p>LIFE INSURANCE DOCUMENTATION</p> <p><input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that original copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted after separation for retirement.</p> <p>HEALTH BENEFITS DOCUMENTATION</p> <p><input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and all personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to final SF 2806, when submitted after separation for retirement.</p>

F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.
2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.
3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter S22.

G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL	
OFFICIAL TITLE	DATE
Personnel Officer	2-20-75
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE	
FBI 202-324-4981	
9th St. & Pa. Ave. N. W.	
Washington, D. C. 20535	

APPLICATION FOR RETIREMENT CIVIL SERVICE RETIREMENT SYSTEM

(USE ONLY IF SEPARATED ON OR AFTER
OCTOBER 20, 1969)

To Avoid Delay—1. Read Information Carefully; 2. Complete Application in Full; 3. Rewrite or Print in Ink

A. IDENTIFYING INFORMATION

1. NAME (Last) (First) (Middle) CONDON JOSEPH F.			2. LIST ALL OTHER NAMES YOU HAVE USED		
3. ADDRESS (Including ZIP code) 1309 Kirby NE Albuquerque, New Mexico 87112			4. PHONE NUMBER (Including Area Code) 505-299-3173	5. DATE OF BIRTH (Month) (Day) (Year) 3 16 20	6. SOCIAL SECURITY ACCOUNT NUMBER 072 12 9337
7A. ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			7B. IF "NO", OF WHAT COUNTRY ARE YOU A CITIZEN?		
8A. ARE YOU MARRIED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8B. IF "YES" GIVE THE FOLLOWING INFORMATION		
WIFE'S OR HUSBAND'S NAME (First) (Middle) (Last) 	HER (OR HIS) BIRTH DATE (Month) (Day) (Year) 	HER (OR HIS) SOCIAL SECURITY ACCOUNT NUMBER 	DATE OF MARRIAGE (Month) (Day) (Year) 1 26 52	PLACE OF MARRIAGE (City) (State) Pittsburgh, Pa	MARRIAGE PERFORMED BY: <input checked="" type="checkbox"/> CLERGYMAN OR JUSTICE OF THE PEACE <input type="checkbox"/> OTHER (Specify)
9A. DO YOU HAVE ANY UNMARRIED CHILDREN UNDER AGE 22 (Or over age 22 and incapable of self support because of a disability incurred before age 18)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
9B. IF "YES" LIST NAME AND DATE OF BIRTH OF EACH CHILD. WRITE THE WORD "DISABLED" AFTER CHILD'S NAME WHERE APPLICABLE					
CHILD'S NAME (First) (Middle) (Last)		DATE OF BIRTH (Mo.) (Day) (Yr.)		CHILD'S NAME (First) (Middle) (Last)	

B. CIVILIAN AND MILITARY SERVICE

1. DEPARTMENT OR AGENCY IN WHICH PRESENTLY OR LAST EMPLOYED, INCLUDING BUREAU OR DIVISION, AND ADDRESS, INCLUDING ZIP CODE U. S. Department of Justice Federal Bureau of Investigation P. O. Box 2187, Albuquerque, NM 87103		2. DATE OF FINAL SEPARATION (Month) (Day) (Year) 3 14 75	3. APPROXIMATE YEARS OF FEDERAL SERVICE CIVILIAN 28 MILITARY 3		
4. TITLE OF LAST POSITION SPECIAL AGENT					
5. DO YOU HAVE FEDERAL EMPLOYEES GROUP LIFE INSURANCE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YOU HAVE REGULAR LIFE INSURANCE, DO YOU ALSO HAVE OPTIONAL LIFE INSURANCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7A. HAVE YOU BEEN ENROLLED IN A PLAN UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM SINCE YOUR FIRST OPPORTUNITY TO ENROLL OR FOR AT LEAST FIVE YEARS IMMEDIATELY BEFORE YOUR RETIREMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	7B. IF "YES" PLEASE LIST YOUR CURRENT: CARRIER CONTROL NUMBER ENROLLMENT CODE NUMBER 3215073 442070		
8. COMPLETE THE SCHEDULE BELOW IF YOU HAVE PERFORMED ACTIVE DUTY THAT TERMINATED UNDER HONORABLE CONDITIONS IN ANY OF THE FOLLOWING SERVICES: (A) ARMY, NAVY, MARINE CORPS, AIR FORCE, OR COAST GUARD OF THE UNITED STATES; OR (B) REGULAR CORPS OR RESERVE CORPS OF THE PUBLIC HEALTH SERVICE AFTER JUNE 30, 1960; OR (C) AS A COMMISSIONED OFFICER OF THE COAST AND GEODETIC SURVEY AFTER JUNE 30, 1961; OR (D) AS A COMMISSIONED OFFICER OF THE ENVIRONMENTAL SCIENCE SERVICES ADMINISTRATION. ATTACH A COPY OF YOUR DISCHARGE CERTIFICATE OR OTHER CERTIFICATE OF ACTIVE MILITARY SERVICE, IF AVAILABLE.					
BRANCH OF SERVICE	SERIAL NUMBER	DATE OF ENTRANCE ON ACTIVE DUTY	DATE OF SEPARATION FROM ACTIVE DUTY	LAST GRADE OR RANK	ORGANIZATION AT DISCHARGE (Div., Regt., Co., etc.)
USAF	32188825	1/7/42	12/12/45	M/Sgt.	64th AAF Base Unit
9A. ARE YOU A MILITARY RESERVIST (Either Active or Inactive)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9B. ARE YOU IN RECEIPT OF OR HAVE YOU EVER APPLIED FOR MILITARY RETIRED PAY? (Retired pay does not include V.A. pension or compensation.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9C. IF "YES" WERE YOU RETIRED FROM A RESERVE COMPONENT UNDER CHAPTER 67, TITLE 10, USC? (Formerly Title III, Public Law 80-810) <input type="checkbox"/> YES NA <input type="checkbox"/> NO	

C. DISABILITY INFORMATION (Only Applicants for Total Disability Retirement Will Complete This Part)

1. BRIEFLY DESCRIBE YOUR DISABILITIES. STATE WHEN OCCURRED, AND HOW THEY INTERFERE WITH PERFORMANCE OF THE DUTIES OF YOUR POSITION. (ATTACH ADDITIONAL COMMENTS ON PLAIN SHEET OF PAPER, IF NECESSARY.) ALSO, STATE MONTH AND YEAR IN WHICH YOU BECAME TOTALLY DISABLED.

D. OTHER CLAIM INFORMATION

1A. HAVE YOU EVER RECEIVED OR MADE APPLICATION FOR COMPENSATION UNDER THE FEDERAL EMPLOYEES' COMPENSATION ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	1B. IF "YES" STATE THE NUMBER OF YOUR COMPENSATION CLAIM AND THE PERIOD FOR WHICH YOU RECEIVED COMPENSATION: CLAIM NUMBER FROM (Mo.) (Day) (Year) TO (Mo.) (Day) (Year) na
2A. HAVE YOU PREVIOUSLY FILED ANY APPLICATION UNDER THE CIVIL SERVICE RETIREMENT SYSTEM, INCLUDING APPLICATION FOR RETIREMENT, REFUND, DEPOSIT OR REDEPOSIT, OR VOLUNTARY CONTRIBUTIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2B. IF "YES" INDICATE THE TYPE(S) OF APPLICATION AND GIVE THE CLAIM NUMBER(S) IF KNOWN <input type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> DEPOSIT <input type="checkbox"/> REDEPOSIT <input type="checkbox"/> VOLUNTARY CONTRIBUTIONS CSD-657-211
3A. DO YOU HAVE LIFE INSURANCE THROUGH A FORMER EMPLOYEE BENEFICIAL ASSOCIATION FOR WHICH YOU NOW PAY PREMIUMS TO THE CIVIL SERVICE COMMISSION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	3B. IF "YES" GIVE YOUR ACCOUNT NUMBER 8
4A. HAVE YOU EVER BEEN EMPLOYED UNDER ANOTHER RETIREMENT SYSTEM FOR FEDERAL OR DISTRICT OF COLUMBIA EMPLOYEES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	4B. IF "YES" GIVE THE NAME OF THE OTHER RETIREMENT SYSTEM

INDICATE, BY SIGNING YOUR INITIALS IN THE APPROPRIATE BOX BELOW, THE TYPE OF ANNUITY YOU WANT TO RECEIVE. READ THE EXPLANATIONS AND CONSIDER THE MATTER CAREFULLY. NO CHANGE WILL BE PERMITTED AFTER AN ANNUITY HAS BEEN GRANTED. IF YOU WANT AN ANNUITY WITH A SURVIVOR BENEFIT, BE SURE TO GIVE THE OTHER INFORMATION CALLED FOR.

F. TYPES OF ANNUITY: MARRIED APPLICANTS ONLY

1. <input checked="" type="checkbox"/> ANNUITY WITH SURVIVOR BENEFIT TO WIDOW OR WIDOWER	<ul style="list-style-type: none">• If you are married, you will receive this type of annuity unless you choose the annuity in F. 2.• The annuity payable to you during your lifetime will be reduced by 2½% of any amount up to \$3,600 a year used as the base for the survivor benefit, plus 10% of any amount over \$3,600 so used.• If your wife (or husband) should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.• The survivor's annuity will not begin until your death.
<p>SPECIFY THE PORTION OF YOUR ANNUITY YOU WANT USED AS THE BASE FOR YOUR WIDOW'S (OR WIDOWER'S) SURVIVOR ANNUITY.</p> <p>If you want all your annuity used as the base for the survivor benefit, write the word "all" in the box below. If you want only part of your annuity used as the base for the survivor benefit, write the yearly amount of your annuity you want used.</p> <p><input checked="" type="checkbox"/> ALL THE SURVIVOR'S ANNUITY WILL BE 55% OF ALL OR WHATEVER PORTION OF YOUR ANNUITY YOU SPECIFY AS THE BASE FOR HER (OR HIS) BENEFIT.</p>	
2. <input type="checkbox"/> ANNUITY WITHOUT SURVIVOR BENEFIT	<ul style="list-style-type: none">• If you choose this type, your wife (or husband) cannot be paid a survivor annuity after your death.• This type provides annuity payments to you only.

G. TYPES OF ANNUITY: UNMARRIED APPLICANTS ONLY (Including Widowed and Divorced)

1. <input type="checkbox"/> ANNUITY WITHOUT SURVIVOR BENEFIT	<ul style="list-style-type: none">• If you are not married, you will receive this type of annuity unless you choose the annuity in G. 2.• This type provides annuity payments to you only.						
2. <input type="checkbox"/> ANNUITY WITH SURVIVOR BENEFIT TO NAMED PERSON HAVING AN INSURABLE INTEREST	<ul style="list-style-type: none">• This type is available to all retiring <i>unmarried</i> employees who are in good health.• It provides a reduced annuity to you and a survivor annuity to the person named as having an insurable interest.• The survivor's annuity will not begin until your death.• The survivor's annuity will be 55% of the reduced annuity you receive.• If you choose this type of annuity you will have to undergo a medical examination which will be arranged by the Civil Service Commission at no cost to you.• If the person named as having an insurable interest should die before you, no change in type of annuity will be permitted, your annuity will not be increased, nor may you name any other person as survivor.						
<p>SPECIFY THE NAME, RELATIONSHIP, DATE OF BIRTH, AND SOCIAL SECURITY ACCOUNT NUMBER OF THE PERSON YOU WISH TO RECEIVE THE SURVIVOR ANNUITY</p> <table border="1"><tr><td colspan="2">NAME OF PERSON (First, middle, last)</td></tr><tr><td>RELATIONSHIP</td><td>DATE OF BIRTH (Mo., day, yr.)</td></tr><tr><td></td><td>SOCIAL SECURITY ACCOUNT NUMBER</td></tr></table> <p>SEE UNMARRIED EMPLOYEES UNDER INFORMATION REGARDING SURVIVOR ANNUITIES ON THE ATTACHED INFORMATION SHEET FOR EXPLANATION OF REDUCTION IN YOUR ANNUITY.</p>		NAME OF PERSON (First, middle, last)		RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)		SOCIAL SECURITY ACCOUNT NUMBER
NAME OF PERSON (First, middle, last)							
RELATIONSHIP	DATE OF BIRTH (Mo., day, yr.)						
	SOCIAL SECURITY ACCOUNT NUMBER						

H. CERTIFICATION OF APPLICANT

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both (18 U.S.C. 1001).

I hereby certify that all statements made in this application are true to the best of my knowledge and belief.

2/12/75
(DATE)

(SIGNATURE OF APPLICANT)

I. FOR USE OF EMPLOYING AGENCY (See FPM Supplement 831-1 for instructions.)

CHECK APPROPRIATE BOX:	
<input type="checkbox"/>	INDIVIDUAL RETIREMENT RECORD, SF 2806, AND REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, ARE ATTACHED.
<input type="checkbox"/>	INDIVIDUAL RETIREMENT RECORD, SF 2806, WAS SENT TO U.S. CIVIL SERVICE COMMISSION ON _____ WITH REGISTER OF SEPARATIONS AND TRANSFERS, SF 2807, NO. _____
NAME OF AGENCY PERSON WHO CAN FURNISH ADDITIONAL INFORMATION ABOUT THIS APPLICATION, IF NECESSARY (Type or print)	SIGNATURE OF RESPON
TELEPHONE NUMBER, INCLUDING AREA CODE	OFFICIAL TITLE
202 EX3-7100 EXT. 3635	Certifying Officer
	DEPARTMENT OR AGENCY
	Federal Bureau of Investigation
OFFENSES BARRING ANNUITY PAYMENTS: Title 5 USC 8312 prohibits payment of annuity to persons who have committed specified offenses involving the national security of the United States. Employing agencies are responsible for submitting all pertinent information to the Civil Service Commission's Bureau of Retirement, Insurance, and Occupational Health in any case when this law possibly applies.	

06048 (Second Card).

072-12-0337

LAST NAME			FIRST NAME			MIDDLE NAME			SEX		DATE OF BIRTH			AGENCY	PAY ROLL OFFICE	LOCATION
									M	F	MONTH	DAY	YEAR			
CONDON			JOSEPH F.						X		3	16	20	JUSTICE	FBI	WASHINGTON
1. _____										NO. _____						
2. _____																
3. _____																
4. _____																
(RECORD EACH NAME CHANGE—STRIKE OUT PREVIOUSLY RECORDED NAME)																
SERVICE HISTORY										FISCAL RECORD						
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS								
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)								
			GS 14 SA	1959	Bal Brght Forw'd 6073.14			Per BRI 49-112A,								
		\$12,470.00		1960	778.50	6851.64		amount of rede-								
5/28/61	Per Step Inc	12,730	GS 14	1961	820.72	7672.36		posit paid in								
10-14-62	SSI	14,120	GS 14	1962	842.60	8514.96		full of \$229.00								
5/12/63	Quality within-grade			1963	934.41	9449.37		Claim No. CSD-								
	increase	\$14,545	GS 14	1964	1033.10	10482.47		657-211 for the								
				1965	988.29	11470.76		period 1-21-46								
		15,415		1966	1053.42	12524.18		to 11-8-46.								
SI (PL 88-426)	approved 8/14/64	Effective 7/5/64		1967	1077.44	13,601.62										
		\$16,130	GS 14	1968	1148.70	14750.32										
8-16-64	Demotion	\$15,015	GS 13	1969	1267.18	16017.50										
10/10/65	WGI	\$15,435	GS 13													
BSI (PL 89-200)	approved 10/20/65	Effective 10/20/65														
		\$15,990	GS 13													
BSI (PL 89-50)	approved 7/3/65	Effective 7/3/65														
		16,457														
BSI (PL 90-206)	approved 12/16/67	Effective 10/8/67														
		\$17,107														
BSI (Executive Order 11413)	approved															
10-6-68	WGI	18,249	GS 13													
		18,729														
BSI (Executive Order 11474)	approved															
6/16/69	effective 7/13/69	20,555														

No. 06048

CONDON.

JOSEPH

F.

(SURNAME)

(FIRST NAME)

(SECOND NAME)

DATE OF BIRTH			DATE	DESIGNATION	OFFICE
MONTH	DAY	YEAR			
SEX		RACE			
RETIREMENT AGE					

DATE	FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	TONTINE DEDUCTIONS	NET FISCAL YEAR DEDUCTIONS AND SERVICE CREDIT CONTRIBUTIONS	DEPARTMENTS ESTABLISHMENTS WILL NOT USE THIS COLUMN	BALANCE FORWARD	TOTAL CREDITED TO EMPLOYEE	DATE OF ORIGINAL APPOINTMENT	REMARKS
12-31-47	203.96	11.00	192.96		00	192.96		Tontine Added 12-31-47
						11.00		Gross Deductions 12-31-47
						203.96		
SERVICE HISTORY					FISCAL RECORD			
EFFECTIVE DATE	ACTION	BASE PAY	REMARKS	YEAR	CALENDAR YEAR SALARY DEDUCTIONS	ACCUMULATIVE TOTAL SALARY DEDUCTIONS	DO NOT USE	REMARKS
				1949	264.43	468.39		
Grade and salary fixed by Classification Act of 1949 (P.L. 429 approved 10-28-49)								
		5400.00	GS-11	1951	393.63	1497.64		
5/28/50	Per step incr	5600.00	GS-11	1952	424.34	1921.78		
1-15-51	Promotion	6400.00	GS 12	1953	479.55	2401.53		
* BSI approved October 24, 1951 same grade								
		7040.00	GS 12	1954	501.54	2903.07		
*retroactive to 7-8-51								
10-12-52	Per Step Inc	7240.00	"	1955	542.38	3445.45		
7-19-53	Promotion	8360.00	GS 13	1956	566.79	4012.24		
1-16-55	Per Step Inc	8560**	GS 13	1957	612.30	4624.54		
BSI approved Jan 55 same grade								
		9205	GS 13	1958	709.83	5334.37		
** Retroactive to 3-13-55								
7-15-56	Per Step Inc.	\$9420	GS 13	1959	738.77	6073.14		
1-12-58	Per Step Inc	\$9635**	GS 13					
6/1/58	Promotion	\$10,320*	GS 14					
1/12/58 thru 6/1/58		\$10,610**						
BSI approved 8/20/58, effective 1/12/58 - PI 85-462.								
		\$11,355*						
11/29/59	Per Step Inc.	\$11,599**	GS 14					

DATE OF BIRTH			LEGAL VOTING RESIDENCE		
MONTH	DAY	YEAR	STATE AND CONG. DISTRICT	COUNTY	CITY OR TOWN
3	16	20	NY 17th	Manhattan	New York
SEX <u>M</u>		RACE <u>W</u>	MILITARY SERVICE _____ YES <u>X</u> NO _____		
RETIREMENT AGE _____		MILITARY PENSION OR WAR RISK COMPENSATION _____ YES _____ NO _____			

[illegible]

EDUCATION:	COMMON SCHOOL								HIGH SCHOOL				COLLEGE				DEGREES, IF ANY	
(INDICATE NUMBER OF YEARS)	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4		
SPECIAL QUALIFICATIONS																		

April 4, 1975

TO WHOM IT MAY CONCERN:

This is to certify that Joseph F. Condon was appointed Special Agent of this Bureau on January 20, 1947, and served in that capacity through April 29, 1961. On April 30, 1961, he was appointed Supervisory Special Agent and served in that capacity through August 15, 1964. On August 16, 1964 he returned to Special Agent duties and served continuously in that capacity through March 14, 1975. During his service with this Bureau, Mr. Condon participated in and supervised the investigation of violations of laws of the United States and performed duties of a hazardous nature. His services were entirely satisfactory and he met the requirements necessary to retire under the provisions of Section 8336(c) of Title 5, United States Code, and Public Law 93-350.

Very truly yours,

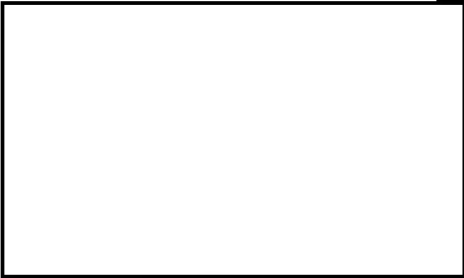


Authorized Certifying Officer

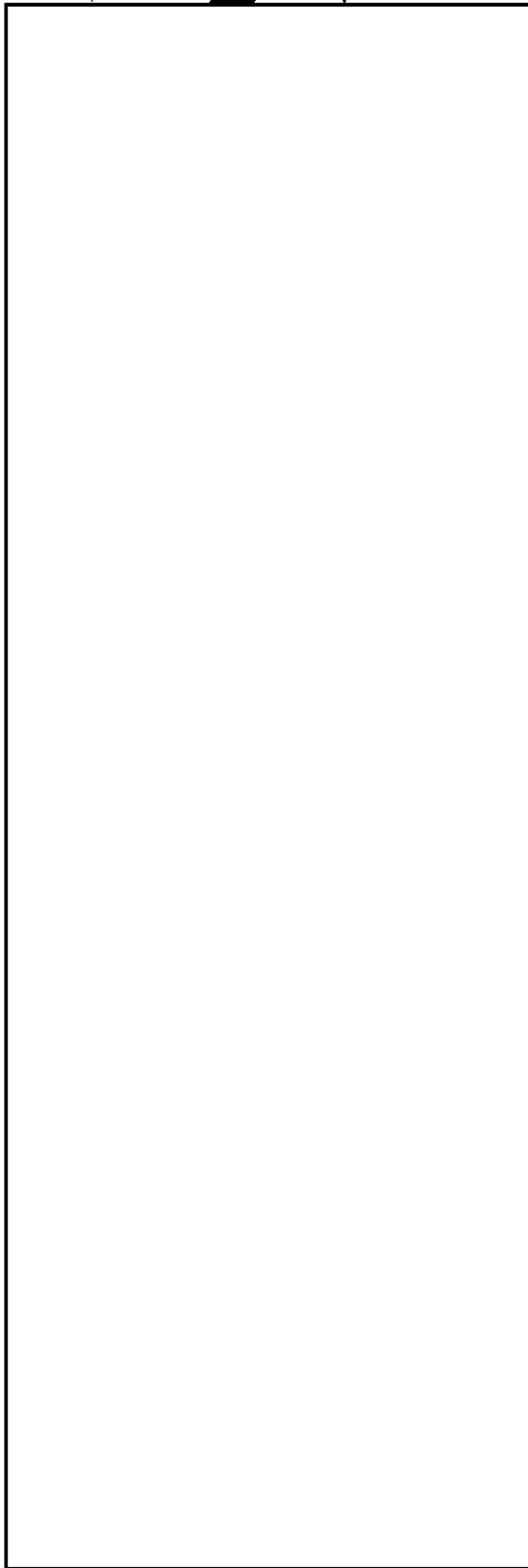
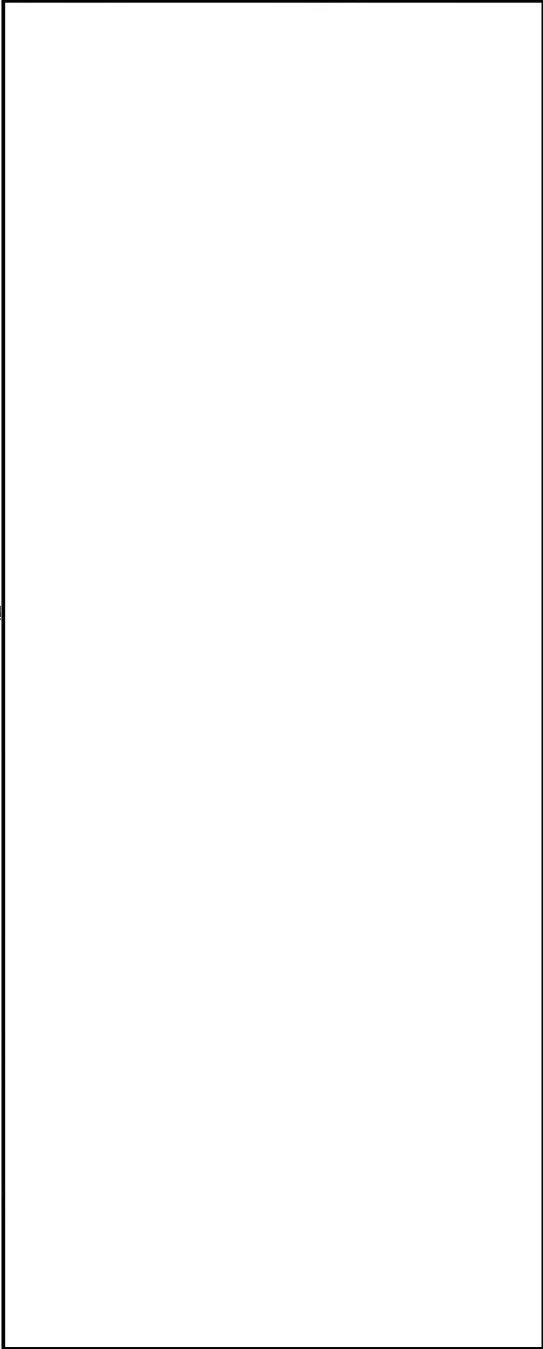
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87-110
10 APR 4 1975

12/8



JOSEPH E. CONDON-3557



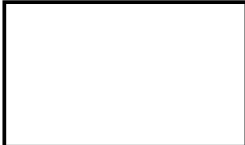
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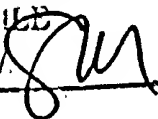
05

I CERTIFY THAT THE ABOVE 100 CREDENTIALS HAVE BEEN DESTROYED BY

 ON 12-23-75.

67-110110-111
DEC 30 1975



FILE
3/ 



**Veterans
Administration**

Regional Office
and Insurance Center
Federal Building
Fort Snelling
St. Paul, MN 55111

October 15, 1980

Personnel Section
Federal Bureau of Investigation
9th & Pennsylvania Avenue
Washington, DC 20535

Ins. File No.:

FV 46 66 51

Name:

CONDON, Joseph F.

Soc. Sec. No.:

072-12-9337

(Special Agent,
Albuquerque, NM)

Gentlemen:

The above-named veteran has filed a claim for disability insurance benefits.

Before a claim can be processed, the employment information requested on the reverse of this letter must be obtained. Your cooperation in completing this form will permit us to expedite the veteran's claim.

We have the veteran's permission to request this report.

Sincerely yours,


K. H. STOKES

Chief, Insurance Division

Enclosure:

Env.



67-2114091-224	
Searched.....	Numbered.....
5 NOV 28 1980	

utpmp. 11.25.80
afj

(Over)

In Reply Refer To: FV 46 66 51 335/297A

FL 29-459
Dec 1979(R)

PRIVACY ACT INFORMATION: This report is authorized by law (38 U.S.C. 712, 715, 742(c), 748). While you are not required to respond, your cooperation will help us make a decision on the claim for disability insurance benefits under consideration. The responses which are furnished may be disclosed outside the VA as required by law.

DATES OF EMPLOYMENT		INSURED WORKED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	AVG. NO. HOURS WORKED		AVERAGE WAGES (Daily or weekly)
FROM	TO		DAILY	WEEKLY	
LAST DAY (Date) INSURED WORKED			REASON		
TYPE OF DUTIES PERFORMED					
DATES INSURED DID NOT WORK BECAUSE OF ILLNESS					
NATURE OF ILLNESS					
REMARKS					
DATE	SIGNATURE		TITLE		

November 25, 1980

Veterans Administration
Federal Building
Fort Snelling
St. Paul, Minnesota 55111

Gentlemen:

Receipt is acknowledged of your inquiry which was received in this Bureau October 24, 1980, regarding Mr. Joseph F. Condon. Your reference FV 46 66 51 335/297A.

The following pertains to the former employment in the Federal Bureau of Investigation of Mr. Condon concerning whom a preemployment investigation was conducted.

Date of entry on duty: January 20, 1947

EOD title, grade
and salary: Special Agent, Grade CAF 9, \$4149.60 per annum

Duties performed as
Special Agent following
period of training: Investigative and supervisory duties

Date of separation: March 14, 1975

Reason for leaving: Retired

Salary and grade at
time of separation: \$28,359 per annum in Grade GS 13

The records indicating the exact amount of sick leave Mr. Condon used during his employment is not available; however, our records indicate he underwent surgery for cataract removal from his right eye on November 11, 1974, and he returned to active duty January 6, 1975.

Sincerely yours,

[Redacted Signature]

Security Officer

b6
b7C

MAILED 13
NOV 26 1980
FBI

Exec AD Inv. _____
Exec AD Adm. _____
Exec AD LES _____
Asst. Dir.:
Adm. Servs. _____
Crim. Inv. _____
Ident. _____
Intell. _____
Laboratory _____
Legal Coun. _____
Plan. & Insp. _____
Rec. Mgnt. _____
Tech. Servs. _____
Training _____
Public Affs. Off. _____
Telephone Rm. _____
Director's Sec'y _____

1al*adj(3) 67-414041

PERMANENT BRIEFS AND SECURITY REVIEWS

FEDERAL BUREAU OF INVESTIGATION
FOIPA
DELETED PAGE INFORMATION SHEET

No Duplication Fees are charged for Deleted Page Information Sheet(s).

Total Deleted Page(s) ~ 1
Page 339 ~ b6, b7C, b7D